Introductory Address
ON
SCIENCE IN SURGERY.

Delivered at the Owens College (Manchester Royal) School of Medicine, October 4th, 1875,

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MR. PRINCIPAL AND GENTLEMEN,—The command which I have received to deliver to-day the first lecture of the present winter session is one which I obey with feelings alike of anxiety and pleasure: of anxiety, lest in the remarks I have to offer I may fail to do justice to the important topics to which I must allude, and lest I may fail to inspire those who are to listen to me with the interest which the subjects deserve; and of pleasure, when I consider how it has come to pass that one who not many years ago entered Manchester as a stranger, with no claims of birth, of interest, or of kinship, should have found himself gradually raised, as the simple reward of hard work, and through the kind consideration of his professional brethren, to the proud position which I now occupy—that of joint lecturer on surgery with my friend Professor Southam, and a member of the Senate of the Owens College.

And here I am reminded that I appear in this lecture-theatre to-day as one of the few surviving representatives of the old Pine-street School of Medicine and Surgery. I was appointed demonstrator of anatomy in that school at the beginning of the session 1850–51. It was at that time that my present colleague, Professor Southam, seeing, with several other earnest and active men, that lethargy and inactivity were likely to overshadow in some degree the well-earned reputation of the school, conceived the idea that by establishing a second institution for the teaching of medicine and surgery in this city fresh energy might be excited and fresh interest be awakened in the ever-widening field of medical science. In this opinion the promoters of the new school were not mistaken, for from 1851 may be dated a certain revival in Manchester of the character and range of professional education. Medical education in Manchester since 1851 has steadily advanced; it has now reached its acme of method and opportunity (though still capable of indefinite expansion) in the splendid appointments and in the brilliant inducements to professional study afforded by the establishment of a medical department of the College in which we are now assembled.

In thus glancing at the past history of our school, how sorely do we miss on this occasion that which would have been a living commentary upon its best era—the benevolent, the honest, the cheerful face of our late dear friend, Professor Wm. Smith. How shall we estimate the loss we have sustained? And who, shall it be said, can fill as he did the vacant place? I knew him well—intimately, if I may be allowed to say so. I knew the inner spirit of the man. I knew (at least in regard to most public matters) the earnest motives which actuated him in all he did, and in all he tried to do, for the advancement of our medical school. In private life also, away from professional associations, I had frequent companionship with him, and in many ways I am still reaping the benefit of his many acts of generous kindness to me, in sickness and in health, the recollection of which can never pass away. Professor William Smith was indeed the student's friend; and this, happily, his pupils thoroughly understood and as thoroughly acknowledged, for there was not a lecturer in the school who was received by his class at the commencement of a session, and who was parted with at its close, with warmer or more sincere proofs of appreciation, and it may be doubted whether in this respect any lecturer can ever hope for an equal tribute. Not one of the lecturing staff could compete with Professor Smith in the marvellous way in which he held his audience upon his lips. Everyone who listened was enchanted by the vigour and the rapidity of his descriptions, by his wondrous memory, and the distinctness and the accuracy of his illustrations. He would continue for forty or fifty minutes, until, at the close of the lecture, every student felt that some new fact had been made more clear, some truth more positive, the only regret on his mind being that the lesson so ably imparted should have come to an end.

No one was more exact and constant in his appointments, either here in the College or elsewhere, until at length failing health seemed to say, "Thy work is nearly done." We have good reason to believe that this gentle hint, by Nature so kindly given, was not lost on him, for many things have come to light since his decease which show that this warning voice was not unheard. He knew full well, as he toiled on in the daily round of duty, that life's silver cord might soon be broken. He told me more than a year before his death, that his only ambition, as far as his school duties were concerned, was to give just one course of lectures in these new buildings, and that he then would take his leave. And really it would almost seem as if this great wish of his heart had met with its accomplishment, for we all know the sad incidents of his death, and I need not here dwell upon them. The circumstances connected with it remind me of an anecdote told of a foreign army, in which a private soldier, beloved by his fellows, had perished in the fight, completing some gallant act of duty with consummate bravery. After his death, when peace had been proclaimed, to give perpetuity to the esteem in which the fallen brave one had been held, one of his comrades was told off daily from the ranks, when the roll was called, the name of the dead soldier being retained upon it, as if his spirit hovered around his regiment to stimulate others to emulate his bright example, and the reply was to be "Died in action." So have I thought, gentlemen, if when we delight ourselves in recalling the many familiar names of those who have done good service in our midst, and the roll of past worthies shall be read over, we might appropriately place against the name of Professor Wm. Smith these words: "Died at his work." For so in truth he died, and those who knew him well can, I imagine, easily supply all the outlines of the picture of the last sad scene, in which, still working to do good, he must have bestowed on his little patient one of those bright smiles with which he was wont to light up and strengthen many a sad heart; and the very last act in which he was engaged was an act of kindness. "Ah! he was a man; I knew him well, and take him all in all, we shall not look upon his like again."

The science, as well as the practical art, of medicine—the *ars medendi*, the art of cure—falls by common consent into two great sections. To the physician are allotted all those deviations from health which depend purely upon functional derangement, or from that same condition, so far as it is traceable to structural change in the organs affected, if, indeed, it ever does occur without such change; and to the surgeon are assigned all those alterations of form which, either as hypertrophies or as new growths (arising from whatever cause they may, local or general, including the effects of injury, damaging the actual arrangement of structure) require mechanical treatment, either for removal, for relief, or for cure. But the mechanical surgeon is only half a surgeon, if the restoration to health in every case which is committed to his care is only to be sought in operative interference. If surgery is to be defined as operative medicine, many cases would be lost through the *nimia diligentia chirurgi*. In surgery, as in medicine, viewed as separate branches of a single art, scientific success can only be secured by placing each case under the most favourable conditions of health, so as at all times to give nature the first chance in her attempts to repair the injury, or absorb the growth. And it would almost seem as if, in the practice of surgical as contrasted with what are called medical cases, the surgeon has far more evident proof of the wondrous reparative powers of nature, when left alone, than medicine proper can ever boast of. While we think with wonderment on the creative wisdom by which the growth of animals is effected; whilst we delight to note in our anatomical explorations the exquisite manner in which every part is planned, so as to adapt itself to its requirements, and to harmonise with the parts around it, so that in the general contour of every portion of the body there shall be no loss of space and no redundancy, strength being given where most required; here elasticity, and there resistance,

all designed beforehand in well-balanced proportions;—while we contemplate these things in the healthy body, and observe how the whole machinery is preserved intact until some external force injures it for a time, we shall find that there has been lying in quiet reserve all the while—it may be for years, even for those of a long life—a certain energy ever on the alert, and ever ready to step forward at once to repair the breach, and to replace in their proper order the broken walls.

This reparative power, this *vis medicatrix naturæ*, this power of repair, is declared throughout nature, and becomes especially conspicuous in the practice of surgery. No sooner, in a severe injury, has the system recovered from the nervous shock which pain and fright must occasion, than, if we note carefully, we shall observe, as action recommences, the early stages of repair; the faintness, even to loss of consciousness, which is present, is in itself, by diminishing the current of the circulation, a means of arresting the still further loss of blood, the very *pabulum vitæ* through whose agency we know the direct means of repair have chiefly to come. Then, after a time, in cases of special local injury, we have what surgeons call inflammatory changes. But the surgeon looks on these very differently from the physician; he knows that inflammation, after surgical injury, if it can only be controlled,—if it can be held back as a restive horse in its early and less rapid movements, will tend to secure a readhesion of the parts, and it would almost seem, as far as some of the less vital structures are concerned, the formation of a new tissue. Thus it is that the surgeon looks on only to admire the ready way in which repair is effected, provided always,—and here it is that his skill shows out most boldly,—that the conditions and aids to nature's efforts are made favourable. It is useless to talk simply of the power which nature possesses to repair a fracture in the hard tissue of bone after its forcible division by injury, and by which power it may be as neatly united as the scar in a cut finger. Such union may occur, and it has so occurred, where fortunately the corresponding points of the broken bone have been adjusted so as to be again absolutely opposite to each other, and there retained without the slightest disturbance for many days. But the great difficulty consists in this: around the broken bones there must be lacerated muscles, or displaced and extended tendons. These will pull the portions of bone still further apart, causing more or less deformity, and thus acting in direct opposition or direct antagonism to nature's efforts. What can the surgeon do here? It is not for him to insult nature by trying to stimulate or hasten her efforts by any artificial means, but simply to attempt—and the more successful he may be the more certain the result—to place the broken pieces of bone, particle by particle, exactly opposite to each other, as nearly as possible at the same spot as they occupied before the severance of their tissues; and this being done, to retain them there—to do all that is popularly termed "setting" a fracture, but which might be more accurately expressed as replacing the fractured bones; and then by means of the thousand devices, entirely mechanical in their nature, which surgery employs — the splints, the plasters, the weights, the bandages — keeping the broken portions of bone accurately adjusted. All the rest is nature's work, and happy is it for us when we do not thwart her, for she is ever equal to her task.

In practical surgery two things have to be had regard to—our means of investigation and our modes of treatment; and fortunately in both of these matters great improvements have been made in modern times. As means of investigating the exact nature and seats of disease or injury, we have now in our hands instruments of precision which those who trod before us the path of surgery would have gloried to have seen. What would Hunter, or Cooper, or Tyrrell, or Key have given for the extended vision which is afforded by the modern microscope, or for the practical and invaluable evidences which are supplied by the ophthalmoscope, the laryngoscope, or the delicate instruments for lithotrity perfected by the genius of Sir Henry Thompson? Until comparatively recent times, in cases of confirmed blindness, it might be said neither the patient nor the surgeon could see; the patient could not see, and the surgeon could not discern the cause of his loss of sight. A thousand attempts were made to record the subjective symptoms related by the patient, but the objective symptoms, as observed by the surgeon, were worse than useless. If, in the days of Milton, with "Wisdom at one entrance quite shut out" by "so thick a drop serene," the surgeon had possessed such an instrument as this, who can tell with what "cathedral music" the poet would have immortalised the man who, aided by the ophthalmoscope, could have devised a remedy for his great affliction?

Yet, in the employment of these instruments of precision—these fresh means of extended observation—we must ever bear in mind that it is not so much the objects which we see or feel as the clinical lesson which their presence teaches. This can only be learned by practice, by comparison of repeated observations, or by the systematic teaching of others. Mere observation without interpretation, so to speak, of the meaning of a phenomenon, is of little service. This brings me to speak of the modes of treatment in scientific surgery. Here, however, my illustrations will begin very early, as the first I shall give you is taken from the condition of the unborn child. There is a congenital deformity well known to surgeons, and which we call cleft palate,—a condition of things distinguished by imperfect growth of bone, whereby a cleft or fissured space is left in the centre of the roof of the mouth, exposing in this direction the cavities of the nostrils. The surgeon is often called upon to try to remedy this deformity after birth; but it may seem paradoxical to ask him to suggest a cure, or, more properly, the means of its prevention before birth. Yet even this may be rendered possible. By the study of comparative anatomy we learn that the portions of the bone wanting in cases of this deformity are two small ossific centres, which in man correspond to two distinct bones intended to carry the large front teeth or tusks in some of the lower animals, and their growth is completed only in the human subject near the close of intra-uterine life; therefore, if at this period the mother's health should fail in its nutritive powers, the child may be imperfectly developed in this particular part of its skeleton. It is the failure of bone-growth at a special period of fœtal life which is the very essence of this deformity.

It was observed in the collection of animals of the Zoological Society of London that a certain lioness, always breeding with the same lion, gave birth on several occasions to lion cubs with this particular deformity, and the probable cause was for a time a matter of doubt, such deformity being rare among the lower animals. As soon as it was noted that this animal, in common with the other carnivora, was fed on lean meat cut off from the bone, it seemed probable that the deficiency of growth might be due to the absence of bone-food in the mother at a time when she most needed it, she having given up, it might be said, all she could spare from her own system for the completion of the growth of her young. The idea was acted upon the next time the lioness was in cub. She was fed freely with meat still attached to the bone, and the bones were left in the cage to be gnawed by the animal at pleasure. The result was that in the next litter all the cubs were perfect, and the hindrance was cancelled: that which an insufficient observation in the human subject would have attributed to the effects of fright or an undue influence on the imagination, was shown to be referable to imperfect nourishment, and failure in the powers of growth entirely dependent on external conditions.

May we not read a lesson from this? May we not even say, are we not reminded, that possibly, in the progress of gestation in the human female, the food, composed, among other things, too exclusively of wheaten flour, as compared with the oatmeal porridge of our northern friends, and other errors of dietetics, may sometimes deprive the mother of the elements needful for complete fœtal ossification, and engender these deformities?

Take another example, also from the young, from the newly-born—the conditions by which the deformity of club-foot are brought about, and see how far our reasonings on the subject must affect our treatment. Clubfoot is a deformity which generally, not invariably, dates from birth. In it the muscles of the leg which control the movements of the various component parts of the foot contract unequally, and in such a way as either to raise the heel inordinately, so as to place the foot almost in a line with the leg instead of at an angle, and there to fix it; or one set of muscles twists or pulls the foot inwards, and even casts it backwards; or the opposite muscles draw the foot very much outwards,

which is the rarer form. Now, the question at issue is this: there are two sets of muscles, the one helping to invert the foot, the other to evert it. In any given case, say of inverted foot, the *talipes varus*, or perhaps the *equino-varus* of authors, which are the offending muscles? Which are they which by their continued action, unbalanced by their antagonists, are to be blamed for the deformity? Are the inverting muscles too strong, and are their tendons too short? Or are they really not excessive in their action, and is it the evertors which, either from imperfect growth, from temporary paralysis, or from special cause, are too weak to resist the inward direction of the foot, the deformity being thus commenced and perpetuated? Those who argue that the invertors are too strong and too short, proceed to correct this assumed condition by dividing the tendons, diminishing for a time the contracting power of the muscles. Then the foot can be bent over to its natural position with comparative ease, and it is thought that a great triumph has been gained. But the opponents of this line of treatment say, It is true that in this way to the eye of a casual observer the cure is instantaneous and complete, but this temporary gain is more than counterbalanced by the fact that, having brought down the standard of force of one set of muscles to that of the other weaker muscles, the movements of the foot are likely to be permanently weakened on both sides, and a dangling, flail-like motion of the foot in the act of walking will be a very possible consequence. The invertors of the foot were not the muscles at fault; they were but contracting with a force of normal intensity; it is to the innate weakness of the evertors (their antagonisers) that attention should be directed. Do not, therefore, divide the tendons on the inside, but employ a gradual traction of the foot by suitable mechanical appliances on the outside, so that with some elastic force of low intensity, acting constantly in the line of the tendons of the everting muscles, more strength may be given them, and in this way at last they will tire out the spasmodic action of the inverting muscles by slowly—very slowly it may be, but yet very surely, if the system be well carried out—drawing the foot into its natural position in relation to the leg, gradually bringing up the tractile power of the congenitally weaker muscles to the standard of their antagonisers. The surgeon rarely fails to relieve such deformities by the line of treatment I have detailed, if it be commenced early enough, for it is founded on the strictest principles of inductive reasoning.

Permit me to give two other illustrations of the advances made in scientific surgery, and I will then pass on to other subjects. One of these is the opinion now expressed in what may be called, for the sake of distinction, the doctrine of tension in surgical cases, and the other is the possible organisation of the blood-clot, in open wounds, under certain conditions. Recent observations have shown that tension, which is but another form of pressure, in so far as it interferes with the capillary circulation in any part, is frequently the cause of effusion of fluid, or of the continued secretion of fluid, where as a product of inflammatory action, or from any other cause, it has been formed already. Take, by way of example, an enlarged bursa containing fluid near a joint. Let us suppose it is the bursa lying beneath the skin near the tendon of the patella at the knee-joint, which is much exposed to pressure in the act of kneeling, and is styled, when enlarged, the "housemaid's knee." It is here placed by nature like a water-cushion, to diminish the effects of pressure and friction in the movements of the joint. In a healthy state its sides are nearly in contact, and the cavity between them would not hold more than a drachm of fluid. In the case which we are supposing, the cavity, let us imagine, has in eight weeks become so tightly distended that it contains an ounce of fluid, and it is hardly possible—indeed, it is highly improbable, that these eight drachms of fluid were secreted in equal times during the eight weeks—that is, at the rate of one drachm per week; but much more likely is it that, if we had the means of exact measurement, we should find the secretion had gone on in an ever-increasing ratio—say half a drachm per week in the commencement, against perhaps two or three times that quantity at a later period. And so we may conclude the formation of fluid would go on with augmented rapidity until the containing structures had been stretched to the very utmost; then most certainly would inflammatory action arise, as happens in a few rare cases of this sort, the final progress and termination being very similar to that of a chronic abscess left entirely to nature. But as yet we will assume that there is no active inflammation. The sac of the bursa is simply distended by fluid, to an excessive degree, by passive effusion.

Now let us see what lines of treatment are open to us in the management of such a case. I will name the heroic or the most extreme measure first. It would be possible, but not good practice, to cut down upon the bag of fluid, carefully to detach it all round from its connexion with other tissues, and, without in any way piercing the walls, to lift it entirely out of the bed or space in which it lies, and thus to remove it altogether. We will assume that the patient would recover, but of course she would no longer have a loose pliable skin over the knee, but an unyielding scar at the spot where previously we had had our water-cushion. Another plan would be this: either by simply piercing the bag of fluid at some part, or by cutting into it so as to fully expose its cavity and let in the air, to set up inflammation, by which we should have the formation of adhesive material, the walls of the sac would be glued together, and the cavity obliterated; or we might carry the inflammation into the stage of suppuration, in which, pus being formed, the vessels of the part will undergo some change of condition, and after a time they will cease to secrete the glairy, watery fluid they had done; the lining membrane of the sac is destroyed, and, in fact, the bursa is gone, and our water-cushion exists no longer.

But "there is yet a third course open to us," as a once eminent statesman would have said, and that is simply to open the bag of fluid and let out its contents. This at once takes off the pressure on its internal surface, by the continuance of which the circulation and the secretion had been so disarranged as to be the cause, in reality, of that loss of balance between secretion and absorption which is the true origin of the accumulation of the fluid or dropsy of the sac. If such an incision be made, if the balance of healthy pressure be thus restored and all be kept in this state, if none of the products of inflammation are allowed to manifest themselves, quietly day by day the cavity of the bursa will shrink back to its normal dimensions, a small opening, still left patulous to the very last, will finally close, and the bursa will once more resume its functions, filled only with just enough secretion—perhaps a mere *halitus*—to allow its walls, when pressed upon, to slide over each other without friction or pain. But this result can only be secured by some line of treatment whereby inflammation and its consequences can be with certainty avoided.

Next as to the organisation of clot in surgical injury. It has been long known to surgeons, and admitted ever since the days of Hunter, that clot, or an effusion of coagulated blood, may become organised, and may even have vessels travelling through its substance after a certain interval of time, and that gradually, by some mysterious process of vitality, this clot may be converted into cellular tissue, which is, as it were, a packing or connective tissue to all the others. But then until very recently this change in the blood-clot was very rarely, if ever, to be observed, since it never occurred in open wounds, for reasons which I will explain; and in closed wounds—those in which, although the tissues had been broken down and disintegrated, there was no exposure of the parts so injured to the air—as, for instance, in a simple fracture, where the skin is entire, as compared with a compound fracture, where the skin is broken,—but every structure around the ends of the bones was broken up, torn, and separated. Much blood was effused, but all being securely protected from the air by the interposition of the skin, we were unable to discover by ocular inspection, except in some cases after death, at a distance of time from the date of injury, that the blood so effused had become organised; while in a compound fracture, where all had been exposed to atmospheric contamination, no such result was possible or attainable. But it is to the glory and triumph of antiseptic surgery that it has shown, not only the possibility, but the actual and visible evidences, of the frequent occurrence of the organisation of the blood-clot, where wounds such as I have described are successfully treated on those fixed principles of antiseptic surgery now so often described, and yet, alas! so little appreciated by the majority of surgeons.

The two conditions to which I am now referring are perfectly attainable. The open bursa shall not inflame, and

the effused clot of blood lying open to the eye in the superficial recesses of a wound shall not putrefy—shall not even liquefy and dissolve away, but it shall remain solid and become organised, helping to fill up in bulk the loss of substance, the destruction of which at the time of the injury had occasioned the escape of blood from the blood-vessels.

The subject is too vast and too much beset with difficulties to be dealt with, otherwise than by contemplating its results, in a lecture such as the present. I must just remark, however, that it is only when the excretions from the bursa, or from the wound on which we seek to note the changes in the blood, are kept absolutely harmless and free from putridity, that the results I have detailed are obtainable. We know, therefore, when we may hope to meet with them; we know equally well when we can never attain them. It is not by waiting until rancidity or putridity in the excretions of a wound has just commenced, and then trying to arrest these changes and so to hope for the wished-for result; it is then too late, far too late. It is by anticipating, not by antagonising, that such changes can be averted. Surgeons forget, or perhaps they have never seriously thought of the fact, that the antiseptics which we employ, at least those now generally in use, are valueless to arrest putrefaction when once it has commenced. If the term so employed, and which is in everyone's mouth, "anti-septic" (against septicity, against putrefaction), could have been written *ante*, and read *ante-septic* (before septicity, in the order of time), and if this simple principle could have been thoroughly inculcated into the professional mind, it would have been of immense value, and would have taught us the necessity of beginning our efforts to prevent putridity at the very earliest moment after the air could touch some divided structure of the body, with which nature never intended it to come into direct contact; and if this idea were generally and systematically recognised, an immense advance would be made towards a more cordial reception of the leading principles of our practice in this mode of treating wounds.

That these principles must at last be received and adopted in the practice of surgery no one can doubt who has watched the progress which they have already made and are still making amongst operating surgeons. The day cannot be far distant—if it be not already very near at hand—in which the great founder of this system, on which he has worked with energy and earnestness, and yet with the modesty of true genius, shall witness the best of all rewards—its universal adoption. It is a system, gentlemen, which surely in the abstract must commend itself to your attention; but, like all other novelties, in theory or practice, it has had to pass through its stages of development. At first it was said, "It is not true; such results cannot be obtained; it is a deceit, a delusion, and a snare." Then, as it moved on to its second stage of growth, it was said, "It is not new; if that be all you try for, we can attain corresponding results, with equal success, by far simpler means." And now at last, happily, it is entering on the third phase of existence: its former opponents are watching its results and acknowledging its utility; and a remark which Prof. Lister once addressed to me in a letter in the early days of his labours in this direction—almost prophetic in its nature—seems now to be on the verge of fulfilment. "Don't be disheartened," he said; "go on in your work, and you will be rewarded; for the time must come when a surgeon will be ashamed to own that he cannot dress a wound antiseptically."

Thus, gentlemen, I think I have shown you that in the practice of surgery, as a division of general medicine, there is much on which to exercise the mind in its higher faculties, not only of patient and thoughtful observation, but of inductive reasoning. If the subjects we seek to investigate have thus far been obscure, how much more should we welcome the entrance of the smallest ray of the light of truth, which will always shine out most brightly in the darkness of error.

To the new students who are here to-day, to the freshmen of our year, and to those who have not yet quite determined to join us in our search for knowledge, I would say a few words which I trust may confirm the wavering, and make them more decided in their choice, whatever that may be. "One volunteer is worth two pressed men" is a well-known adage, and when a student comes to us with a resolution to study medicine with interest, and because he feels a natural taste for the subjects it embraces, he will be ten times more likely to achieve success, than if he were forced into the work by the pressure of circumstances over which he has no immediate control. But, above all things, let me warn you not to follow our profession for the sake of acquiring wealth, for most assuredly if you do so you will debase a good cause, and make shipwreck of your fortunes. It must be done for higher objects than this if it is to be done at all, and with any prospect of success. In this busy world of ours the mind must have field for action. It holds within it, from its very nature, that restlessness which will drive us to some form of work, be it bad or be it good. The idle man is not really inactive; what he does is profitless, except for evil, but you may rest assured he is still at work—planning schemes of chance, or devising new forms of deceptive pleasure. His thoughts can never rest—move on he must, and we know, alas! in what pitiable obscurity his life must end. But the man of industry—the child of toil, has, with all his apparent wants, fountains of true pleasure which are unknown to others. We are all working-men, we have all our task to accomplish, and to try to do it well is in itself a source of endless comfort.

Let me then urge you, gentlemen, in the future of your life, to select for your occupation some acknowledged work which shall bring good to others. It may be in public life, where, actuated by high principles, you set yourself to promote some great social change, or to avert some widespread disaster. And where could you find, if such principles as these are to guide you in your selection, a more worthy employment for life than that of trying to heal the sick and to help the injured? In the pursuit of medicine you must abandon self, you must take in with your mental eye a far wider circle, and you must look for your reward, not in the accumulation of wealth, but in social status and conscious power.

Thanks to the energetic teaching of Professor Morrison Watson, and the untiring industry of his earnest colleague, Mr. Perrin, the success which has attended our presentments at the primary college examination in London during last year have been all that we could desire, for we are second for all England, including the metropolitan and provincial schools; and in the second or pass examination for the diploma of membership of the College of Surgeons of England, the students educated at the Owens College (Manchester Royal) School of Medicine have been first in the pass list, showing that our students have well profited by the many advantages presented to them in the surgical instruction at the Royal School of Medicine and at the Manchester Royal Infirmary. Long may this be so, gentlemen! But we must not forget that there are examinations, and there are examinations. This past success—I may say this recent success—must not lead us to be over-confident in the future. We must strive to retain our proud position, and I am quite sure I only express the feelings of my colleagues, as well as my own, when I say that we look to the future with an anxiety equal to your own, for your success will be ours. We are bound to you by an earnest desire for your advancement, and every fresh honour gained by you for our school will be always valued by us.

One very important addition has been made to our school life during the recess, to which I must now refer, for, by mutual arrangement most creditable to both parties engaged, the very valuable and extensive library of the medical section of the Manchester Royal Institution has been handed over to the trustees of this College under certain special conditions, and will very shortly form an integral part of the contents of this building in an educational point of view. In accordance with certain rules which have been framed with much care, the students of this school will have the privilege of using some portions of this library, but the greater part will only be accessible to the members of the Society, who must necessarily be qualified medical men. We trust, gentlemen, that the inducements to acquire a taste for literary pursuits in our profession will be excited in no slight degree amongst our students by the opportunities thus presented to them, and that it will become a rule amongst them, as soon as they obtain their qualifications, to become full members of the Medical Society, of which they will have already enjoyed a portion of the privileges; and in this way we hope the existence of an extensive library within this building may

be one among other means of binding you in closer bonds to the spot where your education was commenced, and that you may look back in after life, with increasing pleasure, to this as your *alma mater*—I would almost call it, anatomically, your *pia mater*.

Medicine in all its branches is now pushed onwards at so many points, and day by day so many new facts are brought to light and old ones newly examined, that it behoves us all—students as we ever must be to the end of our career—to take advantage of every means by which we may keep ourselves abreast of the passing stream, and float on the tide of progress; for not to advance is to recede. May you all look back with pleasure to student days, not as we are apt to account all that are passed as the most agreeable of our life, but as days of profitable associations, enduring friendships, and industrious habits; and may you let your motto ever be—"*Aspice finem*,"—look to the end. Do not attach too much importance to present success; it will be bought too dearly if purchased by the slightest breach of inter-professional duty,—by any temporary advantage which circumstances may throw in your way over your fellow-workers; therefore, so try at all times to follow your path in life that, as the end draws near, there may shine out in the past at least a few cheering spots like oases in the desert, which you may remember with pleasure—some generous acts performed, some well-marked proofs of conquered selfishness.

It is in our intercourse with each other in professional life, especially with those who are travelling along the same course, and perhaps at the same speed as ourselves, that we have need to be prepared not quickly to take offence, as far as criticisms on our conduct are concerned, and not too readily to criticise the conduct of others. "He is the best surgeon who has made the fewest mistakes" is a saying which will often teach the operator himself humility, or lead him to be less ready to censure others; and if, perchance, gentlemen,—and such occurrences will take place, even where your proceedings are ruled by the most honourable motives—injustice has been done you by someone who ought to have inquired more closely before he helped to spread some groundless report, alike injurious to your honour and success, do not, as some would do when so aggrieved, make some solemn vow, registered with unbending determination, that with such a man no further intercourse shall ever be had, but try rather to call to mind the remark once made on a public character unjustly accused of dishonesty—"That man's reputation is not worth much who cannot afford to outlive scandal." If this should fail, and if, as time rolls on, it would still seem that the incubus of an unjust charge could never be shaken off, make one more effort to gain the comfort of an approving conscience;—do not persecute your accuser, but pass it by, and remember it is one of the attributes of a great mind to know how to forgive an injury.

Thus it is, gentlemen, that I hope in the future practice of your profession you may be able to press on, from year to year, in a sphere of increasing usefulness, carrying with you blessings by which you may be able to encourage the weak and comfort the afflicted, and to aid in restoring to health those bowed down by injury or struggling with disease; so that at the end of a well-spent life, reviewing its receding epochs till you call back your student days—perhaps this very day in which I now address you—you may apply with hope the words of the poet, where he says:

> "Time was when thou, a naked, new-born child,
> Alone didst weep when all around thee smiled;
> So live that, sinking to thy last long sleep,
> Thou only smile while all around thee weep!"

DISEASE AMONG PIGS IN IRELAND.—Our contemporary, the *Veterinarian*, commenting on the fatal malady which has broken out among the pigs in the South of Ireland, especially in the district around Waterford, inclines to the opinion that the pigs are suffering from typhoid or enteric fever. This disease is by no means uncommon in Ireland, and, when once it has gained a footing in a district, is sure to spread and assume a fatal character for want of all sanitary regulations on the part of the owners of the animals. Typhoid fever in pigs, which has long been known to be contagious, is now also proved by the recent experiments to be infectious in the ordinary acceptation of the term.

Abstracts
OF
INTRODUCTORY LECTURES
DELIVERED AT THE
MEDICAL SCHOOLS OF LONDON
AT THE
Opening of the Session 1875-76.

CHARING-CROSS HOSPITAL.

MR. FAIRLIE CLARKE'S INTRODUCTORY ADDRESS.

AFTER alluding to the recent death of Dr. Headland, to the improvements which had been made in the school premises, and the enlargement of the hospital, Mr. Fairlie Clarke went on to address himself specially to the different classes of medical students. He said that he was particularly anxious to welcome those who were joining the school for the first time that day, and to give them some encouragement and counsel. He congratulated them on entering the medical profession at such an auspicious moment, when medical science was making such rapid advances. He mentioned the subjects which would chiefly occupy their attention during the next six months, and gave them some advice as to the best way of laying out their time. Mr. Clarke said: "You are just taking the important step whereby you pass from boyhood to manhood; and it is not too much to say that everything depends on the use which you make of the time that is under your own control. Temptation rarely comes during busy working hours; it is in his leisure time that a man is either made or marred. Make up your minds firmly as to your proper line of conduct, and, having done so, follow your own course with decision and resolution. It is oftentimes more really manly to dare to say "No" than it is to fall in with the suggestions of those who may be older than yourself in years or academical standing." He recommended a certain amount of reserve in the first instance in the choice of friends, but assured them that they would by-and-by find among their fellow-students not a few whom they might well be happy to gain as life-long friends. He pointed out that at Charing-cross a diligent student can always obtain one practical appointment after another as long as he remains *in statu pupillari*; whilst at the larger hospitals this is frequently impossible, and the students are often obliged to enter on the practice of their profession furnished with little more than the information that can be obtained from lectures and books.

To the second-year's students, who would now be expected to visit the wards regularly, Mr. Fairlie Clarke pointed out the great interest of in-patient practice, both on account of the severity of the cases treated and the more personal relations which are established between the doctor and his patients; and these personal relations cannot fail to draw out our sympathies. He said: "We seem to tread on sacred ground while we accompany the hopeless sufferer to the very verge of this world, to that bourne whence no traveller returns, and this invests our profession with an interest and a solemnity entirely its own." He specially urged upon those students who held in-patient appointments the cultivation of a considerate manner in going about their work, saying that this was quite compatible with a keen interest in the study of disease, and would be likely to win the confidence of the patients.

To the senior students Mr. Fairlie Clarke said: "To you, more than to any group among us, is the welfare of this medical school committed. I do not under-estimate the influence of your teachers, but more a great deal than what we can do is what you can do. Our influence is exercised only occasionally, yours is exercised constantly. We are placed here in authority, and we are all of us less disposed to accept the advice of those set over us than we are that of our equals. It is scarcely too much to say that what you are the younger students will be. Suffer me, therefore, to impress upon you one or two pieces of advice. Remember the weight that your example must of necessity have, and let no idle word thoughtlessly spoken sully the purity of the

young minds that are joining us for the first time to-day. Let no word or act of yours cast ridicule on the principles that have been learnt at a mother's knee and fostered under a father's roof. Let nothing induce you to suppose that idleness and dissipation are manly. There is no true manliness but in the diligent discharge of duty. If you, senior students, act in the spirit I have endeavoured to indicate, then hard work and good order will be general among the whole body of students.

"I often think, as I come within sight of Charing-cross, that the very situation of our hospital is a constant reminder to us to do our duty faithfully and in a high-minded way. We are here surrounded by monuments of national grandeur. To say nothing of Charing-cross as a great commercial centre, we are here close to the Houses of Parliament, to the chief offices of State, and to the abodes of Royalty. The improvements that are going on in our immediate neighbourhood are beautifying it, and making it more worthy to be, as it is, the great centre whence the influence of England goes forth over the whole world. Often when I have been coming to my work here I have bethought me of that bright morning in October, 1805, when the English fleet bore down on the united squadrons of France and Spain off Cape Trafalgar. It scarcely needs the inscription on the Nelson monument to remind us of the watchword, now become an English proverb, which was then signalled from the mast-head of the *Victory*, and which stimulated all to do their duty so gallantly. Or I have bethought me of the conqueror of Scinde, Sir Charles Napier, the very soul of honour and rectitude, so independent in his bearing towards his equals, so free from all time-serving and tuft-hunting, so just and considerate to those under his command, so kind and humane to those who were in trouble or distress. Or I have bethought me of Havelock, the very ideal of a soldier, an officer, and a Christian, doing his work diligently and cheerfully, notwithstanding straitened circumstances and professional disappointments. It was not the stimulus of early success, nor the favour of princes, nor any lower motive, which carried him through the disappointing years that formed so large a portion of his military career. It was nothing short of a strong Christian principle which sustained him.

"The monuments of these great men have been erected in our immediate neighbourhood, not merely to do honour to individuals, but also to keep alive in the breasts of each succeeding generation the virtues for which they were distinguished. And if there is any class of the community who are likely to be influenced by the recollection of their noble deeds, it is surely the young men of England, our educated youth, before whom life is just opening. Duty, honour, and the fear of God—these were the mainsprings in the characters of the three heroes to whom I have alluded. If you, students of Charing-cross Hospital, are fired with the same principles, we need have no fears for the success of the session that opens to-day. It cannot fail to be a happy and a prosperous one; and we may leave in your hands the interests of this medical school, feeling confident that they are safe in your keeping."

LONDON HOSPITAL.

INTRODUCTORY LECTURE BY DR. BATHURST WOODMAN.

AFTER some prefatory remarks on the mingled feelings with which such a meeting of old and new students must be regarded, the lecturer remarked that the history of eminent medical men refutes the common notion that the study of medicine has a tendency to create sceptics. Such is not the case. Celsus, the medical writer, and Celsus who was answered by Origen, were separated by a whole century. Nor is it true that the medicine of antiquity was all a farrago of nonsense or a collection of quaint conceits. A careful study of the writings of Hippocrates and other ancient writers disproves this, just as the metrical precepts of the School of Salerno, or a view of the fine lavatory of Gloucester Cathedral, disproves the popular lecturer's notion that people never washed at all in the Middle Ages.

Vivisection was next alluded to, and, whilst its abuses and the needless barbarities at Alfort (twenty years ago) were condemned *in toto*, the necessity for experiments upon animals was insisted upon, and justified from the imperfections of our art, from the examples of the wisest and best of its professors in the past, and because human life and human happiness are so infinitely more valuable than the lives of animals. If those who oppose all such experiments could witness the scenes of horror often met with in our hospitals and in private practice, their opposition would be less keen. The late Sir Robert Peel's life would in all likelihood have been saved had chloroform been more known when he met with his accident, and such substances as chloroform must first be tested upon animals. We must look to a healthy public opinion to regulate these experiments, rather than to any sensational cries or legal enactments. Dr. Woodman next insisted on the necessity of students earnestly resolving to train themselves for the practice of their profession. "It is no longer possible to learn our art from the pages of any manual, however excellent, or from any one teacher, however eminent. Every day increases our difficulties in the diagnosis of disease. For example, a few years ago only wall-papers of a peculiar grass-green colour contained arsenic in any appreciable quantity, or so as to be dangerous. Some people think so now. But what is the fact? Since the general introduction of aniline colours, no paper, however sober its hue, can be trusted as free from arsenic until it has been carefully analysed." Numerous examples were given of lead and other poisons in articles of food, in cosmetics, and in clothing; and even in our medicines there are often dangerous adulterations. Hence the necessity that a medical man should have at least some general acquaintance with chemistry, and also with arts and manufactures. A part of this, at least, should be gained before coming to a medical school. Parents and guardians were earnestly appealed to to give their sons or wards, if about to enter the medical profession, a thorough grounding, not only in English, but in Greek, Latin, and elementary mathematics. From his experience as a teacher and as an examiner, as one who had helped some hundreds to gain diplomas, not from one examining body alone, but from almost every examining board in the three kingdoms, he confidently affirmed that nine-tenths of the rejections and failures arose from defective preliminary education. When a student came to the hospital and medical school, he ought not to be forced to work at any grammars or lexicons except those of disease; the wards of the hospital should be his chief books. Let not the student be too proud to learn from everybody or anybody. All his teachers will not be equally eloquent or equally skilful, but much may be learnt from the practice of the very worst physician or surgeon; much may be learnt from his fellow-students; even a fisherman or a ploughman may often be well-read in the book of nature. Great men like Linnæus and Agassiz knew this well, and acted upon it. If willing to be taught, the stores of knowledge in the London Hospital, now one of the largest in the metropolis, were shown to be almost inexhaustible. "If the difficulties of your profession are increased and are increasing, so are the facilities for learning. Here you will meet with every possible aid from the staff." The lecturer showed that the London Hospital had never lagged behind in the march of medical progress. Its staff and its alumni had not only availed themselves of every scientific improvement, but had largely added to the general store. They were truly practical men; but their practicality was not that of ignorance, but of science. Students were encouraged to work for the prizes which are offered by the London Hospital Medical College. This year some nine principal prizes, whose money-value alone is over £300, are to be given away. He defended the system of prizes. It had once been abandoned at the London Hospital; but the results were not encouraging. He earnestly begged the students not to waste their first year, as too many had done. Let them never forget that the chief aim and end of medicine was to cure and to relieve. Lamartine had well said: "La médecine guérit quelquefois, soulage souvent, console toujours." Let their aim be to multiply the cures. "Depend upon it the public will never tolerate us, or pay us fees, merely to stand by the bedsides of those they love as mere scientific observers, or a sort of Greek chorus. For although there be times when the highest wisdom is to hold our hand lest we rudely quench the struggling spark of life, it far more often happens that we can do much either to cure or relieve pain. But to do so we must learn all we can, and must ever be learning."

Examples of successful treatment on scientific principles were given. Hopes were held out that even cancer and tubercle—those malevolent twins—might in time be conquered and disarmed by careful studies and experiments upon animals. The influence of fashion in medicine was deprecated; and the lecturer concluded by warning the students against the baneful influences of dogmatic scepticism, which is often as injurious to the progress of the healing art as it is to the spiritual and eternal welfare of the man.

MIDDLESEX HOSPITAL.

INTRODUCTORY ADDRESS BY MR. B. THOMPSON LOWNE.

THE lecturer (who spoke without notes) said—"We must admit that theory has much to do both with the advancement and retardation of science, and at the very outset of your career as medical students, you are brought face to face with the rival claims of facts and theories. We must bear in mind that, although false theories have often retarded progress, no progress is made in science except when theories are used as instruments of research. Indeed, I do not know how any sharp line can be drawn between a fact and a true theory. A fact is the interpretation of certain external phenomena by our minds, for of the phenomena themselves we can know nothing, we only know their effect on us; so a theory is the interpretation of a more complex set of phenomena by the same instrument. Misled, then, by false views and theories, and unguided by true ones, men made no progress, but rather retrograded, until the modern science of medicine took its birth in the master-mind of Sydenham, who was truly a second Hippocrates. But I need hardly remind you changes had occurred in the world during this lapse of time; men's minds had been freed by changes in their religious tenets, culminating in the work of Luther. The greatest, perhaps, of man's inventions—the printing press—was actively engaged in reproducing the writings of the Ancients, and in rendering the workings of men's minds permanent, so that they should defy even the ravages of time. Columbus and Galileo had lived, and their discoveries were vast experimental verifications—the touchstone of inductive philosophy. Pliny, centuries before Columbus, believed the earth to be a globe, because he knew that the water that forms the dewdrop assumes the spherical form. Copernicus and Kepler had reasoned out the laws which govern the movements of the heavenly bodies; yet, even to a thinker like Lord Bacon, theories of spirals and vortices with the earth for their centre seemed more probable, and the great Chancellor never grasped the fact that Galileo had set the matter at rest for ever when he demonstrated the moons of Jupiter and the phases of Venus. Many men, however, learned to recognise the principles of the true reasoning which led to truth from the false and *a priori* deductions which led to no good results. To return, however, to our own science. Vesalius, even against the powerful antagonism of Fallopius, had shaken the authority of Galen in anatomy, and Harvey had discovered the circulation of the blood by the experimental methods. Chemistry was an infant science during the lifetime of Sydenham, and owed its existence to the minds of Boyle and Beecher. The time was propitious—the bright dawn of science had commenced, and it wanted only a master-mind to make medicine a most noble study. Sydenham laid its foundations on the work of Hippocrates, and Boerhaave took up the work where Sydenham left it. From that day to this great names and great workers have never been wanting in the medical world—men with free enlightened minds seeking laboriously for truth and finding it. * * *

"Knowing that your scientific work, through no fault of your own, must now begin *de novo*, I would urge you to lose no opportunity, but to use the best efforts to make up lost time."

UNIVERSITY COLLEGE.

PROFESSOR CORFIELD'S INTRODUCTORY ADDRESS.

AFTER saying that most medical addresses nowadays treated of sanitary matters, and that therefore the audience would not be surprised if his did, Dr. Corfield went on to point out the importance of sanitary science as a part of the education of every medical man. "As it is not, like most of the subjects in the medical curriculum, made a compulsory subject of study for medical students, most of them not unnaturally think that it is not necessary for them to learn it, and so they pass it by; nay, more, their object in coming to a medical school is, they conceive, to learn to cure disease, and it may seem to them that it is not their business to try to prevent disease. Let us consider this for a moment. Medical men know more of diseases than other people do; they not only know much about the remedies that have to be employed, but they of necessity know much about the ways in which diseases spread, and much, therefore, about the ways in which they may be prevented. Are they not, then, bound to use their knowledge for the good of mankind? Are they not bound to make that knowledge as perfect as they can? And have not medical men always recognised this from the time of Hippocrates to the present day? Hear what our own Sir William Jenner says:—'No one acquainted with the present state of the science and art of medicine will for a moment question that to prevent disease is its first and most important aim.' Weigh well these words of your great master and mine, and place beside them those of Sir William Gull: 'It is enough for us that diseases prevail to stimulate our best efforts for their prevention, without our asking a question beyond;' words worthy to be remembered by every medical student. And have not medical men been the discoverers of the methods at present known for the prevention of disease? Look at the discovery of vaccination, the preventive of small-pox, the most terrible and fatal plague that ever appeared on the face of the earth. Who made that discovery? Who have strenuously advocated its advantages in spite of ignorant and often interested opposition? Who have proved that the ravages of small-pox are lessened, and that the disease might be exterminated by means of it? Who but those the hope of whose gains is gone by its practice? And why is small-pox not exterminated? It is because ignorance and prejudice prevail, and prevent the efficient carrying out of the Vaccination Laws, and prevent the general adoption of revaccination. Germany has set us an example here, for in March of last year a law was passed making the vaccination of infants, and also the revaccination of children of riper years, compulsory throughout the whole of the German Empire. If this law is strictly enforced, we shall see the practical extermination of small-pox in that great empire, and then perhaps other countries may follow the example. You may all help in hastening the arrival of the day when a similar law will be passed in this country, and it is your duty to do so—a duty you owe to the memory of Jenner.

"Let us look at some other diseases. Where are the black death, the sweating sickness, and the plague? Where is scurvy, that decimator of the armies and navies of the world? They are where typhus fever will soon be, where enteric will be some day, where every disease which we conquer will be sooner or later—they are, practically speaking, exterminated. Look at the discovery, by medical men of our own day, of the difference between the conditions under which typhus and typhoid fevers spread; or look at the discovery, by an old University College man, Dr. G. Buchanan, of the connexion between phthisis—our great endemic plague—and dampness of the soil below the houses; and you will see that medical men are finding out the ways of preventing disease.

"All medical men are liable to be asked their opinion nowadays upon the great sanitary questions of the day, and are expected to be generally acquainted with the works carried on, both engineering and architectural, for the well-being of the community; they are especially frequently required to give an opinion about the sanitary condition of internal household structures; but it is especially necessary that they should be acquainted with the means for preventing the spread of contagious fevers. Medical men, out of deference to the wishes of their patients, very frequently do not report cases of infectious fevers to the sanitary authority, and so it is essential that they should know how to prevent these diseases from spreading. What we really want is a law to make it compulsory on medical men to report these cases to the medical officer of health, and then patients would have no choice in the matter. Fortunately nature does much more to check the spread of these diseases than

we can do; for if a man took scarlet fever in the first week of the year, and gave it to two persons in the second week, and each of these to two others in the third week, and there were nothing to prevent this going on at the same rate, everybody giving it to two persons (and only to two) in the week after that in which he got it himself, which is not at all an unreasonable rate, the people who would have had scarlet fever at the end of the year would be sufficient to populate four million five hundred thousand worlds, with a thousand millions of people each! So you see it is fortunate that something stops the spread of infectious fevers.

"Medical men are also bound to study hygiene because it affords important aids to cure, fresh air, exercise, and a proper diet being often more important to a patient than drugs. Remember the words of Rollet, of Lyons, 'Medicine cures individuals, hygiene saves the masses,' and the maxim of Hippocrates, 'Nature is the healer of diseases.'" Dr. Corfield then referred to the remarkable evidence given by Dr. Fergusson of the degeneracy of the factory population, and his opinion that want of milk was the chief reason for it; he said that the only way to get milk enough was by the utilisation of the sewage of towns, and that the solution of the sewage question would be the prevention of the degeneracy of the population of our large towns. "But it is especially essential that those who may become medical officers of health should be thoroughly acquainted with hygiene; they are consulted on all possible matters relating to the public health, and they must be thoroughly posted in all sanitary matters. Degrees and diplomas are now granted for State Medicine, as it is termed, and the facilities for instruction in the various branches have now been greatly increased in the College by the establishment of a practical course under the charge of Professor Williamson and myself, and a new laboratory for hygienic analyses is being fitted up and will soon be ready for use."

WESTMINSTER HOSPITAL.

INTRODUCTORY ADDRESS BY MR. RICHARD DAVY.

THE speaker said that he disapproved *in toto* of introductory addresses, but, at the request of the Medical Council, conformed to custom. Both students and teacher preferred a day's pheasant shooting to hearing or giving an "introductory." As a surgeon, he should cut down his sermon from one hour to fifteen minutes, and his successor might still further reduce the volume of these fruitless harangues. After welcoming his audience, and referring to the changes in the hospital staff, the lecturer drew attention to reform in the practice of medicine and surgery. Far too much stress was laid on the necessity of elaborate teaching. Above all, a young man should be taught self-reliance; his own efforts would then pull him through, just as a vigorous constitution was the mainstay of recovery, independent of elegant prescriptions and repeated visits. University discipline and residence were strongly insisted on; healthy tone and lifelong friendships were acquired by this training, in lieu of an entire want of control now felt by hospital teachers over their pupils, and the acquaintance of these young men from the country with interestingly repulsive specimens of shark (*squalidæ*), known as London landladies. The payment and honours conferred on medical men were next criticised: their salaries were simply miserable; hospital physicians and surgeons were for the most part unpaid; Poor-law officers most piteously; surgeons in the services very badly; and young practitioners not at all. For seven years' hard work at the St. Marylebone Dispensary he had received one guinea, and a very distinguished London assistant-physician had found that his salary equalled that earned by the man who put the skid on the omnibus wheels at Holborn-hill. He considered that gratuitous work and its consequent dignity were subjects worthy of woman's consideration, and that ladies desirous of occupying a congenial sphere in the profession might ease the men's shoulders from upholding the work and dignities of unpaid appointments. Mr. Davy challenged the authorities to show reason why ancient coroners should call upon qualified house-surgeons and physicians to give their evidence without fee. Why should the Registrar-General or Commissioners in Lunacy expect skilled services for nothing? The lecturer warmly supported the Contagious Diseases Acts, and was pained at the nonsense which had been let off over vivisection. Practical experiments were as important to medical men as to the Royal Artillery on Dartmoor. In conclusion, he advised everyone to resign at once any and every thought of becoming a medical man unless he possessed three qualifications:—1st, independence; 2nd, an aptitude for, and love of, the profession; 3rd, the readiness to pay a heavy premium in this world for his prospects of reward in the next.

THE TREATMENT OF SECONDARY AFFECTIONS OF THE HEART.

BY J. MILNER FOTHERGILL, M.D., M.R.C.P.,
JUNIOR PHYSICIAN TO THE WEST LONDON HOSPITAL.

(*Concluded from p. 446.*)

IT will perhaps best illustrate the subject of this paper to give one or two typical cases; and then to consider the points of diagnostic importance to be attended to in order to recognise secondary affections of the heart, and to discriminate between them and primary affections.

In the latter part of July, 1874, a retired Indian medical officer called on me and asked me to visit his wife. Being engaged that day, and finding it impossible to see her till the morrow, I made inquiries of the gentleman as to her condition. They were old friends of mine, and I knew the lady to be gouty, though she had never had a regular attack of gout in any of her extremities. He told me that his wife had got intermittency of the heart; that it had come on quickly, it not being more than ten days since it was first observed, and that it occurred every third beat very rhythmically. This did not look like true cardiac failure. On inquiring into the other characters of the pulse, he stated that the two beats betwixt each intermission were strong and well sustained. This was an important point, and cleared the diagnosis very satisfactorily. I felt no hesitation in giving it as my opinion that the intermittency was gouty in its origin. To some readers this may seem a bold diagnosis and an unverifiable hypothesis; but it was warranted by the symptoms and vindicated by the results. I gave him a prescription containing iodide of potassium and bicarbonate of potash, in buchu; ordered a slop diet and rest in bed until I could see her the next day. On visiting her the diagnosis was confirmed. The intermittency was already less regular, was no longer rhythmical, and the patient felt better for the treatment. In five days the intermittency had fled and the patient felt almost well, and in a few weeks all sense of illness had disappeared under a combination of iron and alkaline waters. Since then this lady has passed through a sharp attack of bronchitis without any evidence of cardiac debility. In forming the diagnosis in this case, I should not have felt justified in being so positive if previous acquaintance with similar cases had not prepared me for such a conclusion.

At that time I had another lady under care who had suffered repeatedly from suppressed gout, and been under various practitioners, all agreeing in their diagnosis. In this case there was much palpitation, attacks occurring most frequently during the night, when the sensation was that the heart was about to stop altogether. Under a restricted diet, nitrogen being but sparingly admitted, and potash with buchu being administered, great relief was experienced. It was, however, found impossible to get the patient to continue the restricted diet for long, and resumption of the usual dietary and neglect of the medicines always brought back the cardiac trouble, which went off on once more following out the treatment.

Mr. C——, a literary man of much mental activity, consulted me about his heart. He suffered from attacks of dyspnœa, giddiness, and oppression over the heart, which were increasing in force and frequency. There was also numbness down the left arm. This gentleman's father had died of angina pectoris, and he was much alarmed at his symptoms. It appeared that a few weeks only before the consultation he had been in the country and taken severe

and prolonged walking exercise without any symptoms of cardiac weakness. He was gouty, and had recently been living well, eating much animal food under the idea that it was the most strengthening diet. A restricted dietary, with potash and buchu, soon relieved him from the attacks, and he has continued well since. This is now fourteen months ago, and he has had no return. When not feeling quite well, he falls back upon his medicine, which soon puts him to rights.

Mr. B——, a retired chemist, consulted me for similar attacks, and under a like treatment he also got relief forthwith, and has since been well as regards his heart troubles.

These are a few out of a number of cases which have come under my notice, in private and in hospital practice, which have presented like features, and which have got well under similar treatment. This latter is a point of much importance. Potash, as a muscle poison, in all its forms, is a powerful depressant of the heart, according to Botkin, of St. Petersburg; and Ringer speaks of the depressing effects of the iodide. If the heart had been primarily at fault there is every reason to suppose that the treatment would have been pernicious rather than beneficial; but being only secondarily affected, the effect of these measures, in improving the depuration of the blood and so doing away with the heightened blood pressure, was to relieve the heart and to disperse the symptoms of cardiac adynamy. It is not easy to say how the buchu acts in these cases. It has been said that it increases the amount of solids in the urine; but this, again, is denied. Certain it is that, in practice, the addition of buchu seems to add to the efficiency of the potash. It forms, at any rate, an agreeable vehicle, and goes well with iron. It is good practice to substitute potassio-tartrate of iron for the iodide of potassium on the relief of the symptoms; and this mixture of potash and iron may be continued with advantage, as a tonic, for some time in these cases. It is also desirable to prescribe mineral waters—Seltzer, Vals, Vichy, Couzan, and others—as a beverage to be taken permanently. With Marsala, claret, or a little gin or Schiedam, they are agreeable to the palate, and act efficiently in helping to remove the products of waste; the accumulation of which forms the condition designated lithiasis, commonly termed "suppressed gout."

The attacks known as gout at the heart are produced by the sudden rise of blood pressure from arteriole spasm and the consequent cardiac embarrassment. It is easy to see how severe and even fatal attacks may be thus induced. Disease of the aortic valves is also common in gouty individuals, and the secondary affections of the heart may be complicated with primary disease of that organ; and in these cases it becomes necessary to discriminate between the two elements of the case. It becomes desirable, in cases of combined secondary and primary heart trouble, to combine the treatment of each form, and to fit complex treatment to complex maladies.

In forming a diagnosis of secondary affections of the heart, and determining that the heart symptoms are really consequential to some prior and causal disturbance of the circulation, there are several points deserving of special notice.

1. The attacks of dyspnœa, palpitation, or sensation of heart stoppage are not induced by effort, but come on independently of any exertion. They not uncommonly come on during great quiet, and even when lying in bed. Not rarely they permit of active exertion, which does not tax the heart in this class of cases; whilst in primary affections of the heart effort always—or almost always, to be very safe—reveals the existing adynamy. A little active movement will render the evidence of true heart failure more pronounced, as I remember well in an old man who used to take a sharp turn round the house to illustrate how exercise made his heart palpitate; while in pure cases of secondary heart affection exertion does not induce the attacks.

2. The pulse is not that of cardiac debility: even when the pulse is very irregular there is a force about it which resists compression, quite different from the irregular compressible pulse of cardiac dilatation. There is indeed the sustained pulse of high blood-pressure in the midst of the irregularity, or intermittency. Not rarely, if the arteries are atheromatous, the irregularity is found along with a full sthenic and powerful pulse—a combination, once well noted, ever afterwards recognisable, though not to be described by words. It is a matter of no slight moment to become familiar with the pulse of these conditions. The feeling of the pulse here is not a mere formal matter, but a measure which often gives valuable indications and directs the line of investigation to be pursued.

3. The first sound of the heart is good usually—loud, clear, and of fair intensity. It preserves its muscular sound and is not simply valvular, and does not approach the second sound in character. When there is much hypertrophy the first sound is loud and long. Not uncommonly there is some reduplication of the first sound from delay in the contraction of one of the ventricles. On examination of the heart, it is found acting well and not giving evidences of lack of power. The rhythm may be disturbed; but there are not evidences of heart failure accompanying the disturbed rhythm.

4. The second sound of the heart is accentuated. This is a most important diagnostic point. In primary disease or debility of the heart this symptom is never found;* in the forms of heart trouble which are the consequences of some prior disturbance of the circulation, causing a rise of blood pressure in the arteries, this objective symptom is never wanting. The accentuation of the second sound will, of course, be more or less intense according to the rise in the blood pressure. It may be found at both the pulmonary and aortic valves. It is most distinct, however, at the aortic valve; and heard most loudly at the second right costo-sternal articulation. The semilunar valves are closed by the recoil of the elastic arteries; if then the tension in the arteries is increased, these valves will be closed with unwonted force, and their closure produces an accentuation of the normal sound. Such accentuation is ever found in the pulmonary valves when the mitral valve is diseased: here it is the measure of the engorgement of the pulmonic circulation. When heard at the aortic orifice this accentuation may be associated with aortic aneurism (Begbie), with general paralysis of the insane (West Riding Asylum Rep., 1873), or with the general rise of blood pressure in lithiasis. It is easy to separate these conditions. The Germans attach great importance to this objective symptom, as might be supposed from their general high estimate of signs whose existence and explanation are clear and rational. If the second sound is produced by the recoil of the elastic arteries, when the blood pressure is abnormally high this sound will be unusually loud. There is no ambiguity about a sign of this kind, and its logical clearness endears it to the Teuton mind. Hence they attach great and deserved importance to this accentuation of the aortic second sound in the diagnosis of chronic Bright's disease; under which circumstances a rise in the blood pressure and this indication of it are most commonly found.

By such means, then, are secondary affections of the heart to be distinguished from the primary affections of that organ. If the examination be made with sufficient care, and there also exist a fair comprehension of the subject in its entirety, the practitioner should be able to discriminate the exact form of the affection; and if there be also some actual cardiac debility, to allow for it, both in the diagnosis and in the selection of the line of treatment. Having decided that the cardiac troubles are secondary to some primitive affection of the vascular system, causing a rise of blood pressure, the principles of treatment are as follows:—

1. To improve blood depuration by removing the accumulated products of nitrogenised waste; and this can be best accomplished by a combination of measures. First: to cut down the nitrogenised elements of the food to the minimum, so as to lessen the production of waste products. Second: to administer potash or lithia in combination with vegetable diuretics, and so to aid in the elimination of waste by the kidneys. This latter action will be assisted by throwing the skin into action.

2. If there be present a certain amount of cardiac debility, the depressant effects of the above treatment may be met by the administration of digitalis along with them.

3. After immediate relief has been furnished it is desirable to administer alkalies together with iron for some time. Contrary to what is indicated in primary debility of the heart, the diet should be restricted, and the amount of nitrogen in the ingesta should be small.†

* This accentuation is not to be confounded with the brief but loud second sound of unfilled vessels; often this is only pulmonary.

† The recent papers of Parkes, as to the effect of a non-nitrogenised diet upon the blood pressure, lowering it very remarkably, are very suggestive as to the diet of persons suffering from secondary affections of the heart. (THE LANCET, May 23rd and 30th, 1874.)

4. Active exercise in these cases is rather indicated than otherwise, and the increased oxidation induced thereby is beneficial, while the exertion does not act injuriously upon the heart.

The neurosal affections of the heart require a treatment of their own. What the indications for treatment are in this class of diseases will need another and concluding communication.

Lower Seymour-street, W.

ON SOME EFFECTS OF MODERN RIFLE PROJECTILES.

BY DR. HUGO SENFTLEBEN,

LATE STAFF-SURGEON WITH THE 61ST PRUSSIAN INFANTRY IN FRANCE.

IT is a well-known fact that each party in the late Franco-German war charged the other with using explosive bullets for small arms, in violation of the treaty proposed by Russia and accepted by most of the European powers, which forbade any explosive projectile weighing under one pound. Even the Prime Minister of Germany made such allegations the subject of diplomatic representation; and not only the French newspapers brought similar accusations against the Prussian soldiery, but I had myself, unluckily, to experience reproaches of the same kind on the part of French officers, when, after the last of the bloody encounters with the army of the Vosges, a Garibaldian colonel detained me as prisoner of war because I had remained single on the battle-ground to attend upon the wounded of both parties.

I have endeavoured in vain to find any scientific reasons stated in support of those angry recriminations, though I am not at all surprised to have heard them repeated by soldiers who saw the effect and judged from the appearance of hostile rifle projectiles when in the act of striking. It is, however, the great force of propulsion which modern rifles give to their elongated bullets, and the much more frequent skirmishing in mountainous districts, and the village and town fights, which offer numerous occasions for *ricochets* and *splitting of projectiles*, that give us an easy and natural explanation for many cases of reputed violation of a now *established* international law. The very destructive effects which are made in the animal body by the explosive bullets used in the chase of large game prove the wisdom and humanity of such a law; and when the journals of Lyons announced the arrival of a renowned lion-hunter from Algeria amongst Garibaldi's sharpshooters, the news was a little trying to those of his enemies who believed in the rumours of French faithlessness to the contract. But during the three days' hard fighting around Dijon in January, 1871, and at the subsequent surprise in Prauthoy, I have seen nothing that could confirm suspicions of the kind, though I frequently noticed balls that struck a wall split up and dispersed in pieces, as if they were exploding, like liquid metal falling from a height on stony ground.

The aptitude to change form and to break up into irregular and jagged fragments when hitting on a stone or metal, as steel, brass, or iron, depends not only on the initial velocity and the consequent strength of impact, at even longer distances, but also very materially on the composition of the ball. Pure lead, as it was used with the Austrian Lorenz rifle in 1866, the German needlegun of Dreyse, and the old French Minié muzzle-loaders, or those converted on the Snider principle into breech-loaders *à la tabatière*, splits much more easily than the bullet of the Chassepôt or others of the modern breech and magazine loaders, which are hardened by an alloy of tin (the Henry-Martini projectile, e.g., contains 1 : 12 of lead). The latter penetrate more easily the tissues of the animal body, and shatter—if their force of propulsion (i. e., initial velocity) and weight be equal—more readily the bones without changing their form, as Professor Longmore had sagaciously pointed out beforehand ("On the probable Surgical Effects in Battle in case of the Employment of Projectiles of a more Elongated Form"—*Army Medical Rep.*, vol. v., 1865). They resemble in this respect grapeshot, which is so much more destructive than the old round musket-ball. The reputed destructiveness of the Dreyse rifle projectile—the Prussian "langblei" (elongated lead)—depended, on the contrary, on its greater propensity to break up and hurt through its sharp-edged débris. I remember the case of an Austrian foot soldier from Servia, who was wounded at Koeniggraetz by a "langblei," and, with a fractured tibia, had been at some hospital in Saxony. Three weeks after the battle he came under my care at Berlin, walking into the ward with a stick in company with others. For some days he could scarcely be kept in bed, until he began to complain of violent pains and repeated hæmorrhage set in. There were two openings in the leg at the middle of the calf, showing entrance and exit of the ball. Four weeks after receipt of the injury I was called to see him, when he was nearly pulseless from loss of blood. An incision led into a large hollow filled with clots, fragments of bone (the tibia was broken through), and some sharp-pointed pieces of lead. The circular amputation below the knee, which I performed immediately, saved the man's life, who made a very quick recovery; and I found the posterior tibial artery injured and ulcerated for the length of nearly an inch by contact with those spiculæ of metal, which but for their dangerous sharpness would have been comparatively harmless. There are plenty of similar cases on record. The power of the hardened Chassepôt bullet may, however, act with very great effect on a bone without causing any deformity of the projectile. I saw a remarkable instance of this when in garrison at Belfort during the armistice. The surgeon in charge of the German soldiers wounded during the siege consulted me about a Landwehr artillery-man, thirty-nine years old, who had in a night assault been struck by a Chassepôt projectile, which entered his shoulder-joint from above at very short distance, and left the arm at the lower insertion of the deltoid muscle, without losing its shape. Two months had elapsed, and the patient was nearly exhausted by septicæmic attacks from destruction of the joint, which I found transformed into an abscess discharging incompletely through two or three fistulous openings at the usual points. I made an incision through the wasted deltoideus, emptied several ounces of stinking pus, and, on introducing my finger, found the articular head of the humerus broken off at the anatomical neck and forced like a wedge between the two portions of the longitudinally cleft diaphysis, which, being only partly divided, acted like a pair of pincers, and kept the detached fragment entirely jammed. With some difficulty I extricated the latter; there was no other necrosed bone, and the patient did so well that he was soon afterwards sent to Germany. The very elasticity of the fissured shaft proved that the fracture and impaction of so small a portion as the anatomical head was not due to morbid fragility of the osseous tissue, but to the extraordinary propelling power of the *hardened* bullet. So I have observed a Chassepôt penetrate both knee-joints, crushing the condyles, and cut it out unaltered in shape from under the skin of the outer joint.

Where greatly deformed or broken projectiles are found in wounds, a doubt may arise whether such deformation or breakage be caused by the ball expending its force on the bone, or whether it entered the body after rebounding from some harder substance, and becoming deformed or split up before striking the osseous tissue. The appearance of the entrance opening seems to be less important for deciding this question than the shape of the metal itself. Even soft lead bullets will seldom acquire so jagged and torn forms by impact on bone as they present when ricochetting from some harder metal or stone. Two very instructive cases of this kind came under my notice after the battle of Woerth, when some of the French wounded were sent up by rail to the fortress of Minden, where I was engaged in establishing a reserve hospital. Both soldiers had the humerus broken at its upper third in a very similar manner—a simple horizontal fracture with the projectile lodging. One was a Cuirassier belonging to those famous but unfortunate squadrons of Reichshofen, the other a little, fat, old woman-like Zouave, who lamented loudly when I cut out the ball, whereas the Norman horseman looked on the same operation with sombre and stoical mien. The unburied masses of lead were much like each other, quite shapeless, like a piece of molten metal thrown into water and suddenly cooled; the Cuirassier's was rather more flattened and jagged. Had these Frenchmen received the Prussian

"langblei" direct from the rifles the fractures of their arms ought to have been splintered, judging from the deformity of the projectiles; but the lighter nature of the injuries, and the circumstances under which they were inflicted, pointed to an indirect course. The horseman's ball had evidently rebounded from his own or his neighbour's steel breastplate when they were charging; the other had been struck *par ricochet* in a skirmish between stone walls.

Injuries of the soft parts effected by deformed or split projectiles hitting indirectly must be very numerous in modern warfare. The frequent fights in the French vineyards favoured them particularly, and caused many of the slighter wounds. Before Dijon I had made quite a collection of such Chassepôt balls, altered in their shape in the peculiar manner which gives them the appearance of a mushroom, with broad stem and an overlapping flat top; this latter representing the compressed forepart, the former the posterior unchanged end of the projectile. Several of them were cut out from close under the skin, which they had just penetrated; and though their power of percussion had been nearly expended, the opening in the skin appeared always like a simple slit, not as an irregular or crushed punch-hole. The ricochetting soft lead bullets of the Dreyse and the French *tabatière* rifles showed, as a rule, a much larger amount of deformity, their original shape being often altogether lost; their weight and size being at the same time greater than the Chassepôt (the latter weighing only 380 grains against 480 and 530 of the former), the width of their channels and the laceration of the soft tissues they caused were consequently larger. On the third day of Dijon a non-commissioned officer of the 21st Prussian Foot, who had been, as skirmisher, lying flat on the slope of a railway embankment, came to our ambulance (Verbandplatz) with a wound in the lower maxillary region into which I could introduce two fingers, finding a rather large bag between the larynx and lower jaw, partly filled with blood-clots and torn muscle, but no foreign bodies. The patient, an examined student of Catholic theology, who was not yet consecrated as a priest, told me that he had been aiming his own rifle when something struck the side of his throat. Whilst I was still probing the entrance channel one of my assistants had removed the man's shirt, and pointed to a swelling over his shoulder-blade. The large deformed Minié projectile which I cut out over the lower angle of the scapula had nowhere touched a bone, but must have been flattened, before entering the body, on some hard substance outside.

It was a remarkable fact that the tales of French explosive bullets became so much more frequent in the latter part of the war, when those *tabatière* rifles with their soft lead bullets came into play. They were, however, circulated even at the commencement, when only the hardened but with high initial velocity cast Chassepôts were in use. There is no doubt that these latter may also split on hard substances from their strength of impact (the power of percussion they show in the animal body or any other softer materials), which, as is well known, increases in an inverse ratio with the square of the distance from which the rifle is fired. The greater initial velocity of modern rifles, owing to improvements in workmanship, in the material of barrels, superior grooving and lubricating, the shape of the bullet and the strength of the powder, to the relatively smaller weight of the former and the greater charges of the latter, has been identical with a growing perforating force of their projectiles, as I sketched out before the outbreak of the last Continental war, in a paper entitled "Zur Wundaerztlichen Waffenkunde," printed in the *Deutsche Klinik*, 1870, Nos. 4, 5, and 7. On the one part greater power to shatter bones is the consequence thereof, on the other an increased tendency to ricochet and hurt indirectly after deformation or breaking up into pieces. The corrective to this dangerous improvement of weapons must be found in the farther distances people keep from each other on the battlefield and skirmishing from behind coverings. The surgeon's aid in combating the more disastrous results of scientific arms must provide for careful examination of the wounds, prompt removal of foreign bodies, and the utmost conservative treatment on antiseptic principles.

The allegations which French surgeons made in the Crimean war—M. Scrive, for instance,—that the Russians had used explosive cylindro-conical bullets of copper, have never been proved; but the medical officers of the British army—as Longmore and Macleod—saw frequently cases of injuries through pieces of conical balls which had split on the rocky soil. The Prussian "Granatgewehr," a heavy rifle which throws a shell of about four ounces' weight, has never been made use of during the late or any former war. Explosive bullets containing a smoke-producing charge—as, for instance, thrown by the long-range Metcalfe rifle—may be very useful for judging distances; it seems, however, doubtful if they will be, under present circumstances, introduced into so-called civilised warfare.

The new Gras rifle of the French, an improved Chassepôt, seems to be in several respects a superior weapon. Besides a metal cartridge, made of *red* copper (which is the most ductile material to close the breech effectually—much more so than yellow copper or brass, as in the Boxer and other cartridges), a better kind of powder, containing less sulphur and soiling less the barrel, is used for it. From a different construction of the breech-chamber the initial velocity of the bullet is higher, though its weight has slightly increased and the powder-charge diminished. The bullet, it seems, is made of compressed lead, instead of an alloy, to secure hardness. From the *Spectateur Militaire* I give the following statements:—

	Gras Rifle.	Old Chassepôt.
Weight of bullet ...	25 grammes ...	24·50 grammes.
Calibre of bullet at the bottom ...	10·9 mm. ...	11·8 mm.
Length of bullet ...	27·75 mm. ...	25·30 mm.
Powder charge ...	5·25 grammes	5·50 grammes.
Initial velocity ...	455 metres ...	410 metres.

A German military periodical gives the weight of the bullet for the Mauser rifle as 25 grammes, equal to that of the Gras; the powder-charge of the German arm as only 5 grm. The initial velocities of the regulation rifle bullets in the German and Russian armies are stated as follows:—

Mauser	430·0 metres	per second.
Werder (Bavarian) ...	432·7 „	„
Berdan (Russian)	449·0 „	„

The Gras rifle appears, therefore, in this respect superior to them all. The absolute and relative number of rifle-ball wounds *par ricochet* depends, however, not only on the greater force of propulsion and percussion, but also on the quicker firing and greater number of bullets spent in modern warfare. In the report of the American Army Commission on modern rifles it was, some years ago, pointed out that the weapon of the future would be the repeating rifle, or magazine loader. Modern artillery is very destructive; but well-trained infantry will always remain the backbone of armies. The recent war proves that 90 per cent. of the killed and wounded were injured by rifle bullets; the infantry lost 17 per cent. of its men in killed and wounded, the other arms but 6 per cent.

EPIDEMIC OF HYSTERICAL EPILEPSY AND TETANUS.

BY STAFF-SURG. JOHN HUDSON, R.N., L.R.C.P. LOND. &c.
LATE SUPERINTENDENT OF THE EMIGRANT SHIP "EARL DALHOUSIE."

THE outbreak comprised eighteen cases—eight married and ten single women, ranging from seventeen to thirty-one years of age,—and varied in form and intensity from simple hysteria and fainting to strong convulsions and prolonged general spasms (complete opisthotonos). The varieties corresponded with the intellectual, moral, and physical characteristics of the patients.

The immediate exciting causes were—1st. The pre-existing case of Susan B——. 2nd. The first case (that of Mrs. S——) in the general outbreak of Dec. 28th, occurring at 2 P.M., in a violent and striking form, and arising from jealousy, in an excitable, epileptic subject; and seen or talked about by those that followed during the same evening. 3rd. The sympathetic influence affecting the community. 4th. The exciting effects of heat (82° to 85° in the shade) and climate in crossing the equator. 5th. Nymphomania, and the consequences of masturbation; this habit being no sooner ad-

mitted and the patient duly admonished than a total cessation of all the symptoms at once ensued.

The following is an abstract of a few typical cases.

CASE 1.—Susan B——, aged twenty-two, of spare habit, intelligent, and healthy-looking, was found in bed prostrate and unconscious on the 5th December, 1874, (the day after going to sea). It came out that she had been to sea, as a girl of ten years, with her father as a ship master; that she became a mother at fifteen, and afterwards the subject of parental harshness and of restraint in a workhouse asylum. She was the victim of nymphomania. The attacks were long, strong, frequent, and of persistent character, being excited by sudden shocks—as from noises or flashes of light—and often, when in bed at night, without apparent cause, until they finally ceased with the habit which had induced them, having lasted from 5th December to 7th February, with various remissions or intervals of calm, rational, and good behaviour, alternating with threats and feigned attempts to commit suicide; the patient now being peevish, quarrelsome, perverse, deceitful; then pulling her hair and malingering, in order to excite sympathy. When delirious or ecstatic, or under the first effects of chloral hydrate, &c., her mind would betray signs of good and evil training, such as bad language and pretty hymns.

The general symptoms were intolerance of light, with a sense of "fire in the head," hyperæsthesia of left side of face, neuralgia, temporary paralysis and spasms of eyelids, face, neck, throat, &c., involving the muscles of expression, speech, deglutition, and voice, on one or both, but mostly the left side. During an attack or "fit" the convulsive action extended to the chest, the arms, and more or less to the whole body, lasting from a few minutes to half an hour, and merging into complete and general rigidity (opisthotonos), the body being arched backwards, so as to rest on the head and heels, but rarely inclined to the right side. This general spasm or tetanus usually lasted from ten minutes to several hours; in a few instances the patient remained stiff and unconscious, as in a state of catalepsy, for twenty-four to thirty-six hours.

This description of S. B——'s state of mind and of the nature of the attacks is applicable to the cases that follow, a few peculiarities only of each being subjoined.

CASE 2.—Mrs. S——, aged twenty-six, of spare habit, pale, epileptic aspect, and lively disposition. This case, which took place on Dec. 28th, was the first of the general outbreak, and had been subject to some complaint for several years in Sydney. Excited by jealousy, &c. The case was remarkable for the violence and duration of the attacks, also for the delusions and vagaries, followed by the feigning and deception which she practised. Symptoms as in the first case, with greater intelligence and *colonial acuteness*, great agitation, subsultus tendinum, &c.; strong convulsions, extreme rigidity of the body, and, while ecstatic, fancying herself about to be buried at sea, and asking to be "lowered gently." Lastly, the stage of imposture having set in and being detected on Jan. 16th, 1875, she straightway recovered, and returned to her berth in the married compartment.

CASE 3.—Mrs. Anna M. G——, aged thirty-one; of seven years' standing from trouble and uterine weakness (abortions, &c.); present attack severe, and brought on by sight of others in a weak and delicate woman.

CASE 4.—Harriet W——, aged twenty-five, stout and *apparently* listless and phlegmatic, was one of ten cases which immediately broke out after the preceding (night of Dec. 28th). She was conspicuous for her moral and intellectual attainments. The fit commenced with syncope and hysterical screaming, followed by singing and talking (soliloquy) for an hour or more after a dose of chloral, &c. While reclining on the poop she had calm and lucid intervals alternating with a state of abstraction, in which were disclosed evidences of a moral and cultivated mind. At one time she was singing, in fine musical and feeling tones, a favourite song in German, as if it had been the secret of her life; at another, she was instructing an imaginary class of children in the art of singing; and anon I was impressed by her minutely expounding the Epistle of St. Paul to Philemon, gently exhorting her little pupils to "speak up," so that she might hear them. On Dec. 31st she was clear and calm, felt her mind active, and said "We don't so readily get over broken hearts." Strange as it may seem, all this was soon succeeded by disobedient and perverse conduct, threatening us with "more trouble before she had done"; and ending with a becoming apology on the 1st February.

The cases of Amy L——, aged twenty, Annie M——, aged twenty-one, Eliza H——, aged nineteen, arose in stout, robust, headstrong young women, of neglected training and education, the attacks being strongly marked with a predominance of the animal spirits.

The nine remaining cases occurred in young married and single women from twenty to twenty-five years of age, of excitable, hysterical constitutions, and in forms varying from vague fears and hallucinations to unconsciousness, extreme convulsions, and stiffness of the whole body. The immediate cause of all was probably emotional, and the nature of each apparently a reflex action of the nervous centres.

Contrary to a prevalent opinion in such cases, in no instance were the uterine functions or the general health materially affected, except from weakness. All ultimately recovered, and, indeed, I have only known one extreme case of this affliction to terminate in death—viz., that of a young lady, aged twenty-seven, who for the last six months of her sufferings was unable to endure the least sound or ray of light.

The treatment consisted in the administration of chloral hydrate, potassium bromide, henbane, valerian, and aperients; of bleeding to twenty ounces in one instance; of cold to the head, and of placing the patients on their beds on the deck for safety, &c.

CASE OF IMPACTION OF AN IRON STAPLE IN THE ŒSOPHAGUS.

BY W. WATSON DOVE,

ASSISTANT MEDICAL OFFICER, SOMERSET COUNTY LUNATIC ASYLUM.

J. W——, aged thirty-nine, who has been an inmate of the Somerset County Lunatic Asylum since 1862, was noticed of late to have been getting very thin, and to suffer from loss of appetite. On inquiring what was the matter with him, he said that "he could not eat from pain and difficulty in swallowing, and thought he must have got something in his throat, but did not know what."

On examining him nothing could be seen by looking down his throat, but on passing a probang down the œsophagus it was stopped about half-way by some foreign substance. Not knowing what it might be, I withdrew the probang and examined his throat externally. I could feel behind the trachea, just below the pomum Adami, a hard lump, but could not distinguish its shape. I therefore thought it best to let him alone, and trust to the substance, whatever it might be, coming away of itself. He was accordingly sent to the infirmary on the 21st of August, 1875, and lived for the most part on beef-tea and arrowroot, occasionally trying to take solid food. A few days after he had been in the infirmary he told the nurse that he had swallowed a staple, but when questioned further, said "he did'nt know what it was, but that he had swallowed something." On the 29th September last, whilst trying to eat some meat, he very nearly choked. The nurse at once put her finger down his throat and withdrew the meat, and with it an iron staple weighing four drachms five grains. Its transverse measurement was 1¼ in., and its greatest length 2¼ in. It was much blackened and corroded.

The patient complained of a little pain the day after the staple came away, but was able to take solid food and apparently enjoy it.

On the 1st of October he told me that he had pulled it out of a wall in the airing-court, that he put it in his mouth convex end first, then turned it round and swallowed it points foremost. He is now doing well.

PRESENTATION.—Dr. Elliott, the house-surgeon of the Bristol General Hospital, was lately presented with a handsome walnut Davenport and silver plate, bearing the following inscription:—"Presented to Dr. Thomas Elliott, by the officers, students, nurses, and patients of the Bristol General Hospital, on his resignation of the house-surgeoncy. Sept. 1875"; also, a pocket instrument-case.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

GASTROSTOMY FOR CANCER OF THE ŒSOPHAGUS.

(Under the care of Dr. FENWICK.)

THE following notes were taken by Mr. S. D. Clippingdale.

Sarah B——, aged thirty-four, admitted April 16th, 1875. She stated that she had had good health until nine months ago, when she was suddenly affected with difficulty in swallowing. There was no pain until three months later. Since then solid food seemed to meet with a "stoppage at the pit of the stomach," and excited intense pain until returned; liquids produced no pain, but a choking sensation.

When admitted, the patient was emaciated and anæmic. She complained much of hunger, but more of thirst. A bougie passed into the œsophagus was suddenly arrested 15½ in. from the teeth. The abdomen was retracted. On full inspiration a number of small nodular masses, like enlarged glands, could be felt immediately below the ensiform cartilage. This part was tender, and was the part to which the pain during deglutition was referred. Milk taken was vomited immediately, and in consequence she was fed chiefly by enemata.

April 24th.—The vomiting continues. Enemata only retained when brandy is added.

May 26th.—Still unable to swallow solid food, and the power of retaining liquids varies at different times. Still fed chiefly by enemata.

June 7th.—A small œsophageal tube can now be passed; it passes through a painful stricture, and then enters the stomach. By means of this tube a meal of milk, eggs, and brandy is administered twice a day, and great relief afforded to the patient.

17th.—Has gained 2½ lb. in weight during a week. Pain is no longer produced by the passage of the instrument.

23rd.—The stricture now resists the passage of the tube, and even a smaller one could not be passed until a hypodermic injection of morphia had been given.

26th.—The smallest-sized tube, equal in diameter to a No. 7 urethral catheter, passed to-day with a little force.

28th.—No tube can be passed. Enemata are given, and retained about three hours.

Aug. 25th.—The enemata of milk and brandy, after a few days' use, were not retained. Dr. Fenwick ordered pepsine to be added. The injections so made were retained for some hours, and patient expressed herself as feeling greatly relieved. These enemata, however, were eventually returned as the others had been. Other plans for allaying the irritability of the intestinal mucous membrane met with only partial success.

Gastrostomy.—Aug. 30th: The patient becoming rapidly weaker, Mr. Waren Tay, after several consultations, and at the patient's earnest request, determined to perform gastrostomy. At 3 P.M. ether was administered, and the operation commenced by a vertical incision along the outer border of the left rectus muscle, commencing above at the margin of the costal cartilages, and extending downwards about two inches. The aponeuroses of the abdominal muscles and the transversalis fascia were next divided upon a director, and the peritoneal cavity opened. Mr. Tay found the stomach without difficulty, and the exposed part, which was free from disease, was attached to the abdominal wall as the intestine is in colotomy. Considerable hæmorrhage occurred when the stomach was incised, and two ligatures were necessary. An india-rubber tube was placed in the stomach through the wound, and retained there until the patient's death. After the operation another enema of milk and brandy with pepsine was given.

After-treatment. (For the following notes we are indebted to Mr. Rudduck, the house-surgeon.)—Aug. 30th, 8 P.M.: Patient complains of great thirst; temperature 96·6° F., pulse 88; the hands and feet are very cold. Ordered to be wrapped in cotton-wool. 10 P.M.: Mr. Tay introduced a little ice and about an ounce of milk into the stomach. She felt it going in, and says it satisfied her; it did not give her much pain. Another enema was given.—Aug. 31st, 1 A.M.: A little more milk introduced. Nurse says that given three hours ago trickled out afterwards. 8.30 A.M.: Has passed a quiet night. Temperature 98·6°. Says she feels better than she did yesterday. About half an ounce of warm milk and water put into the stomach. This seemed to excite a great secretion of gastric juice, as a large quantity trickled out. In about half an hour afterwards the nurse noticed that the dressings were soiled with the milk. 11 A.M.: Patient is very low; can scarcely articulate; pulse 124, very feeble. To have a brandy enema immediately. 12.30: Rallied considerably, though the greater part of the enema was returned. Mr. Tay introduced a little brandy into the stomach, but a good deal of it was forced out at every inspiration. 3 P.M.: As the food comes away so much, a piece of gutta-percha tissue was sealed over the orifice, and the tube left protruding through this. The tube was plugged with a catheter stilette, and the patient turned over on her right side, as she retains most food in this position. Temperature 98·6°. 5 P.M.: A little more food introduced. Patient seems sinking into coma. Pulse 144. The abdomen seems rather swollen. 7 P.M.: About the same quantity (about half an ounce) of brandy and milk introduced. 9 P.M.: Pulse extremely small. Patient a little delirious, evidently moribund. Died about 10 o'clock.

The autopsy was made eighteen hours after death by Dr. Sutton. The following notes are abstracted from the hospital register:—Body weighed 3 st. 7 lb. Temperature 68°. The incision in the stomach was found to be about the middle of the anterior surface. The lower end of the incision was close to the greater curvature. Its margin was adherent to that of the opening in the parietes. The peritoneum around was congested, and there was recent lymph on the right lobe of the liver and on the stomach. The stomach and liver were adherent by old adhesions. A mass was found at the lower end of the œsophagus; it was composed of medullary cancer, was about two inches thick, and extended throughout the coats of the œsophagus. About an inch and a half from the stomach the canal was blocked by a quantity of juicy soft débris. The rest of the œsophagus and the stomach were apparently of healthy structure. There were some commencing phthisical changes in the lungs. There were no noticeable changes in other organs.

ST. THOMAS'S HOSPITAL.

HÆMORRHAGE FOLLOWING TOOTH EXTRACTION.

(Under the care of Mr. WAGSTAFFE.)

FOR the notes of this case we are indebted to the kindness of Mr. H. P. Potter, house-surgeon.

A man, T. W——, aged thirty-three, was admitted into Leopold ward on Tuesday, August 10th, for hæmorrhage from the seat of a tooth drawn on the previous Friday. He gave a history of always bleeding freely from slight causes, and he stated that about twelve years ago he had a tooth extracted, after which he bled for eight days. The hæmorrhage was stopped with the actual cautery.

The tooth drawn on the 6th August was a large molar on the left side. As the bleeding was profuse, the patient had medical treatment outside the hospital for four days.

On the 10th August, in consequence of the hæmorrhage continuing, and as the ordinary means for its arrest had not succeeded, the patient was admitted. He was not much affected by the loss of blood, and looked healthy. The clots were removed from the mouth, and the bleeding surface discovered, which appeared to be the whole of the tooth cavity and the surrounding gum. Plugs of lint were used steeped in a strong solution of perchloride of iron, and the teeth pressed firmly together with a bandage beneath the jaw. This stopped the bleeding for several hours, but on account of the reappearance of hæmorrhage, the solid perchloride of iron was used, and with better effect. The

latter, however, caused much irritation and swelling of the face.

August 13th.—Feels very weak; lost about half a pint of blood during the day. Patient takes a fair quantity of milk.

14th.—Bleeding very profuse; no good result from graduated pad and solid perchloride of iron. As the man was becoming very weak, the application of the hot iron was decided upon. This was done under the influence of ether.

15th.—Hæmorrhage ceased for twenty hours, but at the end of that time it reappeared.

17th.—Actual cautery used, which stopped the bleeding for eighteen hours.

18th.—Bleeding profusely at 2 A.M.; cavity firmly plugged with cotton-wool saturated with solution of iron; subcutaneous injection of one grain of ergotin every day.

20th.—No improvement in patient; blood can be seen to well up from the tooth cavity; face much swollen; occasional attacks of delirium.

21st.—Cavity plugged with gutta-percha, and afterwards with plaster-of-Paris, neither of which succeeded in stopping the bleeding.

23rd.—Patient has been losing about a pint of blood daily for the last three days. Has become very exhausted and pallid; speaks of noises in his ears and bright objects before his eyes. Ten grains of gallic acid given internally every two hours, and a subcutaneous injection of morphia at noon and midnight.

24th.—Less bleeding to-day. Takes a fair amount of nourishment.

25th.—Bled about five ounces this morning. Plugged with cotton wool and strong solution of perchloride of iron.

27th.—No bleeding for forty hours. Patient feels a little stronger, but has a very anæmic and peaked appearance.

Sept. 1st.—Commenced solid food.

2nd.—Up for the first time since illness.

5th.—Left the hospital.

Remarks.—Cases of prolonged hæmorrhage after extraction of teeth are sufficiently uncommon to make them of interest; and when the bleeding continues, as it did in this case, over so long a period (fifteen days), notwithstanding very active means being employed, the case then becomes alarming, both to patient and surgeon. It is worthy of notice that, in the present instance, the blood appeared normal in its coagulating powers, and therefore unlike many of the recorded cases of hæmorrhagic diathesis where the thinness and non-coagulability of the blood point to an alteration in its physical and chemical characters. Here it coagulated firmly and quickly. Throughout the case the pulse and temperature remained at their normal standard. Thirst was a marked symptom. It was found that the actual cautery arrested hæmorrhage for some hours; but, on account of its bringing away incinerated tissue, the results of its use were inferior to firm plugging with the strong solution of the perchloride of iron.

BRISTOL ROYAL INFIRMARY.

ACUTE RHEUMATISM, WITH HYPERPYREXIA, TREATED WITH THE COLD-WATER COIL.

(Under the care of DR. R. SHINGLETON SMITH.)

E. H——, aged thirty-nine, carpenter, married, admitted into the infirmary, Ward 5, on June 1st, 1875, with acute rheumatism. There was no history of rheumatism in his family, and it was his first attack. He had been getting about up till four days before admission, but had complained of pain in the back for two months previously. There was no known cause for the present attack, which commenced with pain in the right ankle; the left ankle then became affected, with redness and swelling; and on the day following the left knee and the wrist of the same side became painful, afterwards the right shoulder and wrist. Had been a Good Templar for two years past, but before that period was accustomed to drink freely.

On admission he was noticed to be a rather anæmic-looking but otherwise robust and well-nourished man. His temperature was 102°, the skin perspiring freely. He complained of pain in both ankles, left knee, wrist, and shoulder, and also in the right wrist and shoulder. There was considerable swelling of both ankles, and some effusion in the left knee-joint. Pulse 108, full and hard; breathing normal; no abnormal chest-sounds audible; tongue white and moist. He had been unable to sleep for three nights previously. Ordered blistering fluid to be applied to the swollen joints, and a saline mixture containing a drachm of citrate of potash with half a drachm of bicarbonate of potash to be given with tartaric acid, effervescing, every four hours.

The day following his condition was much the same; the morning temperature was 102·6°, the evening 102·4°. The urine was decidedly alkaline in reaction.

June 4th.—He was comparatively free from pain; the swelling of the joints had subsided; the urine continued alkaline. Morning temperature was 101·2°, evening 102°. He still perspired freely, and a copious crop of sudamina had appeared on the chest. Was ordered a chloral hydrate draught, with bromide of potassium at bedtime, as there was still little disposition to sleep.

7th.—Morning temperature 100°, evening 102·4°.

On June 12th the morning temperature was 102·2°. At midday he expressed himself as being no worse, was free from pain, could move the legs and arms without difficulty, was perspiring freely, and was covered with a very thick eruption of sudamina. The pulse, which on previous days had varied between 108 and 97, was now 100. There was no distress in breathing; the urine was still decidedly alkaline; had slept better since taking the night-draught. On examining the chest a decided systolic friction sound was audible over the base of the heart, but there was no increase of pericardial dulness. Six leeches were applied over the cardiac area, and he was ordered to continue with the alkaline mixture. At 6 P.M. (June 12th) the temperature had gone up to 105·8°, and at 9 o'clock it was 107·4°, at 10.30 it was 106·8°, and at 11 o'clock it was again 107·4°. The pulse was 136, and the respiration 44; delirium of a low muttering character was first noticed. Roberts's coil was then applied, and a stream of water, at a temperature varying from 42° to 46° Fahr., allowed to flow through it. The temperature of the patient was taken every fifteen minutes, and varied from 107° at 11.15 A.M. to 106·6° at 2.15 P.M., and gradually falling until 9.15, when it was 100·2°. The coil was then removed, and the temperature taken as before. At 9.30 P.M. it was 103·4°, and at 11.15 P.M. 102·2°. This was the lowest point reached. It then began to go up again. At 12 A.M it was 103·4°, and rose till 4.30 A.M., when it was 106°. At 4.40 A.M. (June 13th) the coil was readjusted, the temperature of the water flowing through it being, at its entrance 44°, at its exit 57°. At 4.45 the temperature was 106·4°; this was the highest point. A gradual descent then followed till 9 o'clock, when the thermometer recorded 100·8°.

14th.—He was still delirious, but was free from pain. Pulse at midday 128, of fair volume and force; respiration 40; mucous râles heard over both lungs in front. There was some slight increase in pericardial dulness, and heart-sounds were indistinct. Faint double friction was audible. At 9 P.M. he was very desponding, and had a conviction that he would not recover. Six ounces of brandy had been ordered, but he refused to take any nourishment, on the ground that he would not break his Good Templar pledge; accordingly nutrient enemata were ordered. The pulse was much smaller and more compressible than it had been, and his feet were cold; the coil was therefore removed, after having been working continuously for twenty-eight hours. During the night his temperature varied from 100·8° at 10 P.M. to 103·2° at 5 A.M. The coil was at this point re-applied; and at 11.45 the temperature had sunk to 100°. All through the night the temperature, registered regularly every fifteen minutes, continued steadily at 100°; and on the 16th, at 12 P.M., it was 99·4°. He had taken his milk, and the brandy as well (but he was unconscious of the latter), without difficulty, so that the enemata were not repeated. He was very drowsy, and had a rather dusky aspect. The pulse was 120; respiration 32 (2 P.M.) The heart-sounds were more distinct; no friction-sound could be heard. There was slight increase of cardiac dulness; mucous râles were heard, especially over the left lung. The bladder was found to be distended, and the urine was removed with catheter; it was found to have an alkaline reaction, and to be free from albumen. He was ordered to

take a mixture containing five grains of quinine, alternating with a carbonate of ammonia and ether mixture, every few hours. The coil was now discontinued at 2.30 P.M., having been applied continuously since 5 A.M. of the day before. Towards evening his temperature again rose somewhat, but declined to 100° on the following morning.

17th.—At midday he was still drowsy, but easily roused. Breathing much improved. Pulse 120, of fair volume and power; respiration 36. No articular pain or swellings, but both feet had become slightly œdematous. The urine was found to be slightly acid in reaction, sp. gr. 1016, no albumen. The coil had not been used since 2.30 on the previous day. Towards night the temperature again ran up.

18th.—At midday the patient was in a very apathetic condition, but expressed himself as feeling better. He wandered in his talk, and wished to be allowed to get up. 10 A.M.: Pulse 132; respiration 40.—2.15: Pulse 148; respiration 50.—4: Pulse 160; respiration 52. The heart sounds were obscured by mucous râles; no friction could be heard, and there was no increase of dulness. Behind, at lower part of chest, percussion note was less resonant than normally, particularly on the right side, but there was no bronchial breathing. An emetic powder of sulphate of zinc was given, but without causing vomiting. Twelve ounces of brandy was ordered. At 4 P.M., the temperature being 106°, the cold water coil was again applied to the back as before; at 4.15 the temperature was 105·6°, and at midnight it had fallen to 99°, after eight hours' application.

On the 19th it again rose from 99·8° at 1 A.M. to 106·9° at 3.30. Again the coil was applied, and the temperature fell from 106·9° at 3.45 to 100·8° at 2.15 A.M. on the 20th. At midday on the 19th he seemed very prostrate, had been perspiring freely, but there was no articular affection, and no complaint of pain. Face was rather dusky, and there was constant stupor. Breathing was laboured; mucous râles were heard over front of chest on both sides, and there was mucous rattling in the throat, but little tendency to cough, and no expectoration; respiration 40. A 2 o'clock pulse was 148, weak, dichrotous. He still took all his nourishment freely, including the twelve ounces of brandy.

Death took place at 2.30 A.M. on the 20th, the temperature having come down to 100·8°.

Autopsy, thirty-four hours after death.—There was no excess of fluid in the pericardium; both surfaces were covered with a layer of lymph, of the usual honeycombed structure and appearance, the two surfaces being bound together by soft bands of recent lymph, which could be torn through without difficulty. The muscular structure of the heart was found to be healthy. The endocardium was not affected, excepting that the auricular surface of the mitral valve had a row of small, firm, fibrinous, warty beads along its edge. The aorta presented unusual appearances for a man only thirty-eight years of age. It was universally mottled with yellow atheromatous-looking patches, scattered over the coats of the vessel along its whole length, from the aortic valves to the bifurcation into the iliac trunks. Thickened yellowish shreds could be peeled off almost everywhere, there being very little healthy structure anywhere to be seen. The arch of the aorta seemed rather dilated in its ascending portion, but no saccular dilatations were visible, no calcareous masses were present, and the middle coat seemed to be quite intact. The lungs were universally engorged, and the bronchial tubes full of mucus, but there was no consolidation. The kidneys were congested, and the cortical portion seemed to be rather mottled, as if in an early stage of fatty degeneration. The spleen and liver were normal.

NORTHUMBERLAND AND DURHAM MEDICAL SOCIETY. The annual meeting of this Society was held in the Library of the Newcastle-on Tyne Infirmary on September 30th. The report of the Committee shows that the Society is in a flourishing condition. The number of members is 141. The work done during the session 1874–75, both in amount and quality, compares favourably with that of previous years. The following is a list of officers for the year 1875–76:—President: Mr. S. W. Broadbent. Vice-presidents: Dr. Arnison, Dr. Denham, Dr. Page, and Dr. Philipson. Secretary: Dr. Byrom Bramwell. Committee: Mr. H. E. Armstrong, Dr. L. Armstrong, Dr. G. T. Beatson, Dr. Burnup, Mr. Carr, Dr. Frain, Mr. G. B. Morgan, Mr. J. Hawthorn, and Mr. Russell.

Reviews and Notices of Books.

On Concussion of the Spine, Nervous Shock, and other Obscure Injuries of the Nervous System, in their Clinical and Medico-legal Aspects. By JOHN ERIC ERICHSEN, F.R.C.S. London: Longmans, Green, and Co. 1875.

IN 1866 Mr. Erichsen published six lectures, which at the time attracted much attention, on certain obscure injuries of the nervous system, commonly met with as the result of shocks to the body received in collisions on railways. There were then to be found surgeons who went so far as to deny the existence of such a condition as that known as concussion of the spine. At the present time, however, although surgeons may differ as to the exact condition of a certain patient, or as to the prognosis of his case, we venture to state that none will be found who would deny that the gravest nervous affections may follow violent concussion of the body, even when at first the sufferer seemed to have escaped uninjured. This change of opinion, or rather increase of knowledge, is in a great measure due to the attention directed to the subject by Mr. Erichsen's former work. Such divergence of opinion as formerly existed concerning these injuries could only result from ignorance, and as these cases have so frequently given rise to litigation, no small discredit has been brought upon the profession by the public exposure of such extreme differences among medical men of equal eminence. It is therefore a matter for congratulation that such exhibitions are becoming more and more rare, and we think the thanks of the profession are due to Mr. Erichsen for the large share he has taken in preventing their occurrence by elucidating the nature of these obscure cases.

The present work consists of fourteen lectures, in which the six before published are included, not, however, without much alteration. Although a greatly increased experience has enabled Mr. Erichsen to speak much more positively as to the nature of the various conditions included under the name of concussion of the spine, he has in no essential point altered the views expressed in his former work.

The term "concussion of the spine," although undoubtedly somewhat vague, is useful in our present state of knowledge to indicate a certain condition of the spinal cord, and sometimes of the whole nervous centres, resulting from external violence, and "usually uncomplicated by any obvious lesion of the vertebral column." As Mr. Erichsen points out, it includes a variety of pathological conditions. Thus, the cord alone may suffer, or the damage may extend to the brain, and perhaps even to the sympathetic ganglia, and the injury may be followed slowly by hæmorrhage, by subacute and chronic inflammations, or by anæmia of the nervous centres. Exact pathological knowledge is still wanting as to all these conclusions, most of them being merely inferences from the symptoms. The reason of this is that few of the sufferers from concussion of the spine die directly from the effects of the injury, and those who never improve may drag on a miserable existence for years, and pass out of the hands of the surgeon who first saw them, and die at last under circumstances in which a post-mortem examination is not practicable. Thus, Mr. Erichsen says: "So rare are post-mortem examinations of these cases that no instance has occurred to me in hospital or in private practice in which I could obtain one, and, with one exception, I can find no record in the transactions of societies, or in the periodical literature of the day of any such instance." This one instance was under the care of Mr. Gore, of Bath, and was a most typical one in every respect. The patient walked from the train after the accident, but the symptoms of severe disease of the spinal cord set in gradually, and he

died at the end of three years and a half. The cord was examined by Dr. Lockhart Clarke, who found signs of extensive chronic meningitis, and degenerative changes in the posterior white columns. With such meagre material as this before us, it is impossible for much to be said as to the pathology of these obscure cases, and Mr. Erichsen has of necessity made the present work almost purely clinical, and has illustrated it profusely with cases selected from his own practice. By a comparison of the symptoms of these cases with those which are recognised by all writers on diseases of the nervous system as being connected with and dependent upon chronic affections of the cord and its membranes, Mr. Erichsen clearly demonstrates the nature of the changes which follow a concussion of the spine, and may fairly be said to prove that, in at least a large proportion, chronic myelitis and meningitis are present. The greater part of the book is devoted to the consequences which may follow an apparently slight injury of the spine. We need not allude to the chapters on the symptoms, diagnosis, and treatment of those cases in which meningitis or myelitis form the most prominent feature further than to say that, although this part of the work is much amplified, and numerous illustrative cases have been added, it is in the main the same as was published in 1866, and is probably well known to our readers. In the present volume, however, Mr. Erichsen has added a chapter on the so-called "Spinal Anæmia, and especially Anæmia of the Posterior Columns of the Cord," as a condition following injuries of the spine. This condition in its extreme form is thus described:—

"In the more intense cases of anæmia of the spinal cord there is paralysis more or less complete of sensation, and often quite complete of motion, in the lower extremities. Below a certain level in the dorso-lumbar region, and in the greater part, if not in the whole, the nervous system appears to be completely exhausted and its action almost entirely suspended.....The legs and feet are cold; there is no reflex sensibility or movement in them; they are not susceptible to the electric stimulus, either as regards muscular irritability or cutaneous sensibility. ..... Notwithstanding all this local exhaustion, it will be found that the sphincters are not paralysed, and the general health, though enfeebled, may be fairly good."

The condition is never fatal, and it is only by clinical inference that the idea as to the pathological condition has been arrived at. Mr. Erichsen considers it in many respects nearly allied to that condition which "for want of a better name we are apt to call hysteria," and which may also be developed as the result of severe nervous shock. These conditions are, moreover, undoubtedly aggravated by the mental worry of a lawsuit, and the patients frequently recover with great rapidity when they have received compensation for their injuries. But, as Mr. Erichsen justly points out, this does not by any means disprove the reality of the condition while it lasted. Speaking on this subject, he says:—

"It is far too common a practice to treat this state either as being under the patient's control, or as being a condition of no material moment, inasmuch as it does not arise from permanent organic injury or disease. It is unjust as well as irrational to treat the condition as one of little moment. We only know it by its effects. We use the term hysteria to hide our ignorance of what the condition really consists. To me, I confess, the sight of a man of middle-age, previously strong and healthy, active in his business and in all the relations of life, rendered suddenly 'hysterical,' not merely for a few hours or days by some sudden and overwhelming calamity that may for the time break down his mental vigour, but continuously so for months, or even years, is a most melancholy spectacle, and is a condition that, to my mind, is an evidence of the infliction in some way of a serious and for the time disorganising injury of the nervous system, though happily that injury is not, in general, of a permanent nature, or attended by organic changes."

We fully agree with Mr. Erichsen in this view of the matter, and although the difficulties of detecting fraud and assessing damages in this class of cases must of necessity be greater than when some distinct organic lesion is present, we think a careful study of the excellent advice given by Mr. Erichsen will, in the vast majority of cases, prevent any error. The medico-legal aspects of these cases are treated of fully in a special lecture. Discrepancies of opinion as to diagnosis are now fortunately comparatively rare. It is in the prognosis that differences most frequently arise, and as long as lawyers attempt to obtain from medical men an exact statement as to the course of future events, such conflicts of opinion must and will occur. We cannot help thinking that these even are likely to be diminished by such a work as Mr. Erichsen's, containing as it does the honest and scientific conclusions from a very large experience, and illustrated as it is by numerous well recorded cases, which serve as guides to those whom fortune has not favoured with like opportunities.

Want of space prevents our noticing the interesting and philosophical lecture upon "Impairment of Vision, complicating Injuries of the Nervous System," and numerous other points of interest. Although, as the author points out repeatedly in this volume, the affections it treats of are by no means exclusively the result of railway accidents, yet these are infinitely the most frequent causes of them, and as such casualties are occurring daily in many parts of this country, no medical practitioner knows how soon he may be called upon to diagnose, treat, and afterwards be cross-examined upon such a case, and we can confidently state that under such circumstances he can have no better guide than Mr. Erichsen's work.

Etude Comparative des Diverses Méthodes de l'Exérèse. Par CH. MONOD. Paris: J. B. Baillière.

BY the term "exeresis" the author means "ablation," so that this thesis refers to the different methods employed for the removal of new growths. He devotes but little space to the knife, the major part of the essay dealing with bloodless operations—e.g., the ligature and the écraseur, actual and galvanic cautery. Turning to the section devoted to the elastic ligature, as being the method most recently introduced (or rather revived) into practice, we find the author by no means sanguine as to its extended application, preferring, where the cutting operation is out of question, to employ the less prolonged and inconvenient operation by the écraseur, the merit of the introduction of which belongs to M. Chassaignac. He discusses at length the effect produced upon the several tissues by this instrument, and claims for it greater exemption from erysipelas and other surgical accidents than is afforded by the knife. The simple wire écraseur (or the *ligature extemporanée* of Maisonneuve) is less applicable from its smaller strength and its not so readily arresting hæmorrhage. After giving a historical and practical account of the various methods of cauterisation, the author concludes by summing up impartially in favour of one and all the methods of ablation here discussed in suitable cases, and dwells on the advantage of sometimes having recourse to a combination of the two. The essay is interesting as a careful historical compilation, but it cannot be said to contain any new facts.

THE German Committee of the International Exhibition and Congress of Public Health and Means of Preserving Life, to be held in Brussels, held its first meeting at Berlin on Wednesday last, under the presidency of the Imperial Crown Prince.

THE LANCET.

LONDON: SATURDAY, OCTOBER 9, 1875.

THE Introductory Addresses which annually usher in the winter session at our Medical Schools have again been delivered, and their public interest has once more invited the comments of our lay contemporaries. It must not be forgotten that the lecturer who delivers an "Introductory" addresses a double audience. He speaks to pupils, and he speaks to the public. The progress which has raised Medicine to the status of a public enterprise; which has brought it into intimate relation with the commonwealth and the national policy; which has developed it from a remedial agent dealing with the individual to a preventive service incorporated with the State; which has, so to speak, lifted it out of the category of personal interests and placed it in the circle of the social sciences, subsidiary only to Religion and Law; and which, therefore, as Dr. BARNES aptly put the case, invites or compels "those who have to give these addresses to select for their theme some of the wider and more general aspects of medicine," has not extinguished the claim of the student on the lecturer's primary attention. It is natural, and perhaps it is an advantage growing out of the existence of several schools in the metropolis, that the several gentlemen delivering introductory lectures may each take his own line; some treating the "opportunity" as especially available for the purpose of giving counsel to students, others as calling for something like a manifesto in the behalf of medicine and its professors, addressed to public opinion and designed to influence the Legislature and to promote the interests of the State.

A careful perusal of the addresses delivered in London on the 1st of October, 1875, will, we are convinced, satisfy any impartial reader that neither the "more general" nor the primary and personal objects of the "Introductory" have been neglected. The lecture by Dr. ROBERT BARNES at St. George's, for example, was a masterly and suggestive exposition of the salient points of interest arising out of "the relations of medicine to the public good." It abounds with forcible and instructive criticisms on the faults and anomalies of the position in which the science of health is left by the Legislature in its intimate relations with the law and its administrators. Not a few of the observations made by Dr. BARNES are deserving of the highest consideration by those with whom the redress of the grievances he points out—not personal or "professional," but public—practically rests. His description of legal precedent as too often "nothing more than error upon error crystallised by time," is worthy the attention of jurists, and suggests the only intelligible hypothesis upon which not a few of the wondrous contradictions and startling absurdities of medical jurisprudence can be understood or explained. The legal definition of the antiquated and meaningless phrase, "quick with child"; the unreasonable presumption of responsibility in the insane; the vague and arbitrary mode of taking scientific evidence in courts of justice, and "getting up" cases—which, as he pertinently remarks, has the effect of deterring "the best men from appearing as witnesses"—are topics upon which he is entitled to the hearing of all spirited and sagacious legislators: and by speaking out plainly he has done good service.

Dr. JOHN CURNOW, at King's College, on the other hand, dealt chiefly with the educational phase of the subject of the day, and it would be difficult to find a more complete and effective discourse on the progress and methods of medical inquiry and instruction. The vital importance of observation and demonstration, giving to each term a "concrete meaning," and the duty of carrying the study and "teaching in fatal cases from the bedside to the dead-house," are points upon which he strongly insisted, and which cannot be too strenuously urged. There are special reasons just now why the teachers in our schools should inculcate the universal necessity of a practical, direct, and inductive method of study. Pathological science is on its trial. It has to encounter formidable obstacles to progress in the parsimony of magistrates, the weakness of medical coroners, and the ignorance of lawyers. It is threatened with new perils by the spurious sentiment of humanity, which the excess of a few individual experimenters, with more zeal than knowledge, has unhappily produced. We entirely agree with Dr. CURNOW, "that penal regulations should be demanded to restrict the advancement of any branch of scientific inquiry is surely to forget the lessons of history, and to ask us to return to the darkness and ignorance of the first fourteen centuries of our era, and which were only overcome when the 'giants of those days,' DESCARTES, GALILEO, and our own BACON and NEWTON, made the first onward step from the time of the early Greek and Roman philosophers, by applying physical methods to the investigation of natural phenomena, and by substituting the inductive mode of reasoning for that purely deductive plan which had alone been used in substantiating the truth of the mathematical sciences." It is no less true, with regard to the equally important and progressive inquiry in the departments of materia medica and therapeutics, that "one must shudder to think what vast harm may be done if this is checked by any legislative interference." As these topics of Dr. CURNOW's address are strictly public and general, we trust they will elicit the sympathy of the lay press, and receive its support. To the student crossing the threshold of a scientific career we commend the address delivered at King's College as replete with information and advice of the highest value and moment.

Dr. CORFIELD, at University College, discoursed generally and eloquently on the value and importance of sanitary science; Dr. STEVENSON at Guy's, Dr. PAYNE at St. Thomas's, Dr. RANDALL at St. Mary's, Mr. LOWNE at Middlesex, and other lecturers, addressed themselves principally to the duties and privileges of the pupils among their audiences, and from the lips of each fell words of worth and wisdom. Dr. PAYNE struck a vein of great practical value when he defined the "true student" as distinguished from "a mere craftsman" by "the endeavour to cultivate his mind" no less than to acquire the technical

knowledge of a profession; and Dr. RANDALL placed the prospects of the medical student on a legitimate basis, and applied the best incentive to a scientific course of study, when he indicated the probability that every medical practitioner would hereafter be actively and personally concerned in the work of "sanitation" and the preventive service of the State.

What an "Introductory" ought to be must, as we have hinted, be determined by the twofold aspect of the function to be discharged. As regards the student, there is the duty of directing his general method of study, explaining the curriculum required by the examining and licensing bodies, inculcating the necessity of preparatory knowledge and an earnest and persevering pursuit of the objects he proposes to attain, elucidating and enforcing the importance of information he may be tempted to think trivial, insisting on the indispensable value of clinical study, and exposing the danger and denouncing the dishonour of a recourse to the imposture of "cram." It is not less a duty to forecast the future, to stimulate the hope, and to excite the emulation of the student by pointing out the several careers of usefulness which lie open to him, and in either of which, with intelligence and industry, he may win an honourable reward. The adaptation of his particular studies to the end in view is also a theme of fitting gravity and moment. Just now there is, besides, the general obligation of directing all students to the special need of devoting attention to Sanitary science and the Preventive aspect of Medicine as an agent and a mission to search out and destroy the "seeds" and "causes" of disease. These topics, together with matters of interest peculiar to the school for which he speaks, must claim the lecturer's first attention, and may monopolise the whole of his time. The other aspect of the "Introductory" is that which constitutes the "opportunity." The professor enjoys an exceptional advantage—he addresses laymen, the friends of the new pupils, and he is tolerably sure of being reported and read by the outside world. He can speak to legislators, to social philosophers, to "authorities" whom on other occasions he may not hope to reach. It is fitting that full use should be made of the powers thus placed at the command of a lecturer chosen to act as the spokesman of his college or school. What he says will come with peculiar force, being spoken in the hearing and in the name of his faculty. This is an aspect of the "Introductory" which should not be disregarded either in the selection of a lecturer or in the treatment of his task. We think it does occasionally happen that the "opportunity" is not turned to the best advantage. An academic judgment on the politico-medical questions of the day is not easily pronounced, or obtained. It would have special weight in the Legislature and as a factor in the sum of public opinion. If there were sometimes previous deliberation and an understanding among the lecturers chosen to give the "Introductories" at the opening of the medical session, and a marked concord of opinion on public questions of policy was apparent, the delivery might be hailed as a new indication of professional thought, and it could scarcely fail to receive attention in the quarters at which it was aimed.

THE approaching election of examiners at the Royal College of Surgeons of England is of unusual interest, not only to students and teachers, but to every member of the College who is concerned in the educational advancement of his profession and of the College. For many years past we have strongly contended that the examiners in Anatomy and Physiology should be distinct and separate from the examiners in Surgery and Surgical Pathology; and although there has been at times a member of the Council or of the Board of Examiners that has favoured this scheme, it was not until last year that any active steps were taken to carry it into effect. It has, however, at last been decided that the separation shall take place, and it only remains now to arrange the preliminaries to give the decision effect. The report of the Committee that was formed to consider the question has not yet been received; but it is, we believe, confidently expected that the alteration will come into operation at the November examinations. The prospect of this innovation will influence very greatly the results of the ensuing election. The retiring examiners are Mr. HENRY HANCOCK, Mr. LE GROS CLARK, and Mr. SAVORY. The first-named gentleman has determined not to seek re-election; the other two are candidates for re-election, and will, doubtless, be returned to the Board of Examiners, as they deserve. Both Mr. LE GROS CLARK and Mr. SAVORY have proved themselves to be good examiners, even though the latter gentleman has the reputation of being somewhat severe on crammed pretenders. The interesting question is, therefore, who will succeed Mr. HANCOCK? There has been, we believe, for some years a strong desire on the part of many members of the Council that Mr. ERICHSEN, whose experience as a teacher and examiner has been very large, should undertake the duties of examiner at the College. But Mr. ERICHSEN, like some other members of the Council, has persistently declined to accept an examinership until the separation above referred to should be completed. If, therefore, the arrangements are sufficiently far advanced to ensure the separation of examiners in November, Mr. ERICHSEN will doubtless be elected as an examiner in Surgery and Surgical Pathology. Should this event take place—and there does not seem to be a likelihood of any other candidate appearing—it will augur well for the improved nature of the future examinations of the College. The test will doubtless henceforth become more uniform and certain, even though it be made somewhat more searching. This is exactly what is wanted. Neither teachers nor students complain of the difficulty of the examination for the Membership or the Fellowship, but they strongly object to the system of marking and the manner in which the examinations are conducted. We shall continue to live in hope. The College has been roused to a liveliness of action that twenty years ago would have been deemed impossible; and now that the thin end of the wedge of progress has been well inserted into the traditions of conservatism, it may not require much force to drive it home, and the College of Surgeons may yet take a proud position as the educational centre of British surgery.

THE reassembling of the metropolitan Medical Societies after the summer recess is an event always looked forward

to with considerable pleasure, not only by those who make it their duty to attend regularly at the meetings, but also by the wide circle outside the pale, to whom the columns devoted to the reports of the proceedings form not the least interesting or instructive portion of their weekly reading. Although, for some reason unknown to those not acquainted with the intimate working of these bodies, their annual general meetings are held in the early months of the year, when the operations of each are in full swing, yet, as a matter of fact, it is convenient to assume that their annual sessions begin in October—an assumption borne out by the publication of their Transactions at the commencement of the medical year. It may not, then, be without profit if we dwell a little upon the value of these Societies, as judged from the work they have already completed, and in view of the mission they have yet to fulfil.

This is an age of association and co-operation; it is the era of societies. With the growth of science, societies for its diffusion and the intercommunication of observed facts have sprung up all over the world. For although the rise and development of the chiefest of these—the Royal Society—dates back to the days of HARVEY, the oldest of the Societies devoted to medical science only recently completed its first century of existence. The Medical Society of London, although it is thus the eldest established, is content to occupy a modest position in the rank, but withal a most useful and honoured one. The names of LETTSOM and of FOTHERGILL are perpetuated in it by the annual lectures and prize essays that are associated with them; and, beyond these special features, the weekly meetings of the Society are productive of much sound and practical discussion. The work done by this Society may not be so striking or so ambitious as that performed by those which have sprung up one after another since it was founded, but it is none the less to be valued on that account, and its roll of members shows that it is popular and appreciated. It is much to be regretted that no Transactions of this Society have yet been published; for, without a doubt, in the history of a Society's proceedings there is reflected the history of that branch of knowledge to which it is devoted. Where, for example, can one trace better the growth of the science of pathology than in the volumes published annually by the Society that bears its name? The Transactions of the Pathological Society have justly obtained a world-wide fame, for they are the storehouse of pathological facts of a quarter of a century. The impetus given to minute research by the "cell-theory" of SCHLEIDEN and SCHWANN, the dethronement of humoralism, the rise and decline of a purely "cellular" pathology, the ever-increasing knowledge of the intimate nature of morbid growths, the wider insight gained into the mode of development of tubercle and cancer,—these and a host of other advances in this department of study, which go to make up the science of pathology as it is at the present day, are to be traced in these interesting volumes. For the sake of science, it is a matter of regret that the scheme proposed two years ago for the re-issue of the volumes of Transactions, which were out of print, fell through from want of sufficient support; and it is to be hoped that the Council will again endeavour to carry out an object which should be encouraged by all who value the study of pathology as the real basis of rational therapeutics.

The Royal Medical and Chirurgical Society has always held, and will of necessity always hold, the chief place among our Medical Societies. For, apart from the advantages possessed by its inestimable library, which can well compete with the collection in Lincoln's-inn-fields, its Transactions embody some of the most valuable researches in medicine and surgery that have ever been published. Here are to be found memoirs which have given to the world new discoveries, and which embody the labours of men who have risen to the highest rank, full of original thought and wide research. The names of ASTLEY COOPER, BRODIE, and ABERNETHY grace its earlier volumes, and their work has been fitly carried on by their successors. As a Society for discussion it is, however, far less numerously attended than those which have sprung up after it; unless the subject be one on which there is much division of opinion—as was the case last session when Mr. ACTON'S paper on the working of the Contagious Diseases Acts was read. The right, too, which the Society possesses of determining whether a paper should be read and published is one which is jealously kept, and on some occasions strictly enforced.

On the remaining Societies—the Obstetrical, Clinical, and Harveian—we have left ourselves but little space to comment. The first-named has now for many years been doing much to advance obstetrical knowledge, and has done not a little to place this department of medicine on a firm and distinct basis. The Clinical Society supplied a need which the more formal meetings and long memoirs of the older body did not furnish, and its proceedings never fail to be productive of much that is interesting and valuable. It has had the advantage of having been presided over, during the seven years of its existence, by the foremost physicians and surgeons of the day; and the discussions that take place at its meetings are often the medium of much that is of the greatest value in therapeutics and clinical observation. The objects and advantages of the Harveian Society were recently pointed out in these columns, and to that statement we have nothing further to add. We can only express a hope that the coming sessions of all these bodies will be productive of as much benefit as has marked their career in the past, and that they will continue to flourish on the broad basis of sound facts, and not on the insecure foundation of doubtful theories.

THE very gradual decline of the health of Dr. JOHN HUGHES BENNETT, and his gradual retirement from his work, serve to break the sense of loss which affects all those who knew him, and especially those who have had the good fortune to stand to him in the relation of pupils. Apart from our preparation for this loss, it would really have been felt to be very great. Opinion will perhaps be divided as to the kind of work in which BENNETT most excelled. Some will regard him chiefly as a physiologist; others will think most of his contributions to pathology; while a third class will think that the best work of his life was his therapeutical work. But all will allow that JOHN HUGHES BENNETT cannot with any justice be left out of the history of pathology,

physiology, or medicine for the last thirty years at least. True, he will not in all of these regions take perhaps a first place, though in one or two of them he will hold a most enviable position.

There are two meritorious points in the life and work of BENNETT which seem to us to stand out in marked relief. The first of these was his aptitude as a clinical teacher; the second, his most admirable contributions to the therapeutics of pneumonia and phthisis. All men who studied in Edinburgh while BENNETT was Professor of the Institutes of Medicine and Professor of Clinical Medicine will admit that as a teacher he had no superior; and the subject in which as a teacher he perhaps had no equal was that of clinical medicine. They will remember the searching ordeal to which both patients and students were subjected in his clinical wards; and if occasionally there was a slight tendency in the teacher to bully the students who were examining a case, this fault has been long since forgotten in the memory of his great services. Dr. BENNETT'S teaching in clinical medicine was a decided feature of the University of Edinburgh, though it has probably now many imitators both in England and in America. The system is worthy of being shortly described. Those students who were members of his clinical class, and were willing to undertake the examination of cases in the wards, gave in their names. Certain cases were assigned to them to be examined before Dr. BENNETT and the class. Everything had to be done and all opinions had to be expressed on the spot—of course in such language as was not inconsiderate to the patient; they had not only to be expressed, but justified; and as Dr. BENNETT'S powers of diagnosis were very high, and his views of treatment very decided, there was not infrequently a sharp discussion between him and his pupils. The student was required not only to examine parts which he might suppose to be at fault, but to examine in rotation all parts of the system—the nervous system, the circulatory, the urinary, the digestive, &c. Every part of the patient's system was ransacked. Nothing could well be overlooked in such an ordeal, and the state of both the patient and the student was well ascertained by it.

Dr. BENNETT'S merit as a physician equalled or exceeded his merit as a teacher. By this we do not mean to imply that he was ever popular as a physician. As a matter of fact we believe he was not. But his teaching and his practice together have been the principal elements in the great reform of the practice of physic which everybody perceives. Many may be disposed to think that BENNETT'S most valuable labours in therapeutics were his more recent ones; embracing severe and exact inquiries into the action of mercury, of taraxacum, of podophyllin, of medicines which antagonise each other, &c. And these labours have undoubtedly done much to improve both our knowledge and our practice. But, in our opinion, by far the most valuable therapeutical work of Dr. BENNETT was his treatment of pneumonia and phthisis. These ailments are not only important in themselves, but they represent two great classes of disease—the one acute, and the other chronic. And Dr. BENNETT, more than any other man, has contributed to reform the treatment of them, and to overthrow the views which had ruled medical men for centuries. Dr. GRAVES wished for no other epitaph than the three words—"He fed fevers." Dr. HUGHES BENNETT could not have a better than this: He reduced the mortality of uncomplicated pneumonia to *nil*. He demonstrated, not only the dispensableness, but the injuriousness of the antiphlogistic treatment which had ruled the best minds of the civilised world for ages. Doubtless other physicians were working in the same direction even before BENNETT. But he devised a treatment of his own which has given most brilliant results, and he adhered to it and to the pathological views on which it was based so steadily and over so long a series of years as to establish its truth, and so largely revolutionise the practice of medicine in acute diseases. Coming now to the work of Dr. BENNETT in regard to the treatment of phthisis,—what praise could we give too much to the physician who taught us to treat phthisis, not antiphlogistically, but with fresh air and cod-liver oil? It is admitted on all hands that this praise is due to Dr. BENNETT. We have come to the end of our space, and yet we have not professed to assign the value of Dr. BENNETT'S work in physiology and in pathology. Frankly, we would admit that we do not think that in physiology he has done any very great original work. He was an excellent histologist, and, independent of the pathological views on which his great reforms in practice were based, he made several very important additions to our pathological knowledge—as of leucocythæmia, fibro-nucleated tumours, &c.; but he will be remembered chiefly as a clinical teacher and a bold and principal reformer in the practice of medicine.

HITHERTO the work of the Port Sanitary Authorities appointed under the Public Health Act of 1872 has been so largely concerned with special measures for the protection of the kingdom against cholera that there has been some danger lest the ordinary detailed duties contemplated in the establishment of these authorities should suffer. It is useful therefore to be reminded—now that the fear of any new extension of cholera to our shores is, for the moment at least, at an end—of the more abiding duties which it is the function of Port Sanitary Authorities to fulfil. A Report, recently published, of the medical officer of health for the port of London, Dr. HARRY LEACH, relating to sanitary work done under his supervision during the half-year ending June 30th, 1875, excellently serves as a reminder. Previous reports of Dr. LEACH have, in the main, been devoted to questions concerning the regulation of the port of London with reference to epidemic diseases, especially cholera. The present Report relates the details of half a year's sanitary work in the port, in the absence of any prevailing epidemic malady. It deals simply with the inspection of shipping and of the port for the discovery of sanitary defects, and the remedying of such defects. Having none of those episodes of introduction of cholera or small-pox from foreign ports or local prevalence of scarlet fever which called for the greatest energy and the coolest thought of the authority and its officers to meet successfully, this Report may fail in interest for the cursory reader; but it is perhaps the most important of the several Reports written by Dr. LEACH, as illustrating the every-day sanitary work of the port. The Report, in fact, relates to the fundamental

sanitary work of the port, the execution of which will form the true gauge of its health-administration. The essential character of such work consists in continuous detailed inspection for the discovery of sanitary defects, and equally continuous minute care for securing the removal of such defects when found, and the prevention of their recurrence. It is remarkable how successfully Dr. HARRY LEACH has set afoot sanitary action in the port of London. During the half-year to which the Report under consideration refers, no less than 7705 vessels were inspected; and of these, 923 were cleansed, and 43 had various structural alterations made mainly for improved ventilation and lighting of the between-decks. This amount of inspectorial work, it must be understood, does not represent the whole amount of work of the kind that it was desirable should have been done in the port at the time, but simply such work as it was possible to do with the limited staff which Dr. LEACH at present possesses. As part of the regular inspectorial work, Dr. LEACH has instituted an examination of the drinking-water supplied to ships. In the present Report he gives the result of the examination of the water on board 64 ships, chiefly coming from foreign ports. Of these specimens, 4 were very bad, 25 bad, 19 doubtful, and only 16 good. The bad and doubtful waters were wholly from foreign ports; and now that international action is so much in the ascendant in social and sanitary matters, it may be suggested that the water-supply of shipping might well form a subject for such action.

It would appear that the visits of the sanitary officers to ships, and their suggestions, are most willingly received, and that owners and masters readily co-operate with them. While, on the one hand, this bears witness to the excellent temper and judgment with which the Sanitary Authority and its officers have been exercising their functions, it proves also that those functions meet with the approval of the persons who are most affected by their exercise. What has been effected in the port of London as to detailed sanitary work must be practicable and ought to be required in other ports.

IN the last part of LUDWIG'S *Arbeiten* for 1875, which contains the results of work done in his laboratory during the preceding year, Mon. G. ASP gives a very careful and complete account of the Anatomy and Physiology of the Liver. He first describes the cells of the parenchyma of the liver, which, he observes, are often destitute of a nucleus, but frequently also contain one, and sometimes two nuclei. He gives a beautiful illustration of them, in which the nucleus appears as a disc, which is hazy towards the centre from the accumulation of granules; around the granules is a clear area, which is surrounded by a double contour line. In some instances all the cells of the liver seemed to be destitute of nuclei; whilst in other instances only particular parts of the liver contained non-nucleated cells. As the animal in which he first noticed this absence of nuclei in its hepatic cells had been fasting for many hours, he conceived that it might be connected with the period of digestion; and to test the accuracy of this view, he starved a rabbit for sixty hours, then removed a small portion of the liver through a small opening in the linea alba, and closed the wound. The animal was then abundantly fed, and shortly afterwards was killed by bleeding, and another portion of the liver examined; but the results did not support his theory, as non-nucleated as well as nucleated cells were found in both conditions—in the fasting as in the well-fed animal.

M. ASP enters into minute details of the distribution of the finest biliary ducts. These, it has now been satisfactorily ascertained, do not, as was formerly supposed, end in blind extremities outside the follicles, but penetrate into their interior in the form of fine canaliculi, which groove the surfaces of adjoining hepatic cells. The inter-insular biliary ducts are lined, according to ASP, by a fine columnar epithelium, which rests on a striated tissue composed of connective-tissue fibrils and flat cells with fusiform nuclei; but he has not been able to convince himself that the cells, as HEIDENHAIN supposed, are a form of unstriated muscular tissue. From these a number of fine capillaries are given off, which, dipping into the substance of the follicles, still possess a wall, and are not mere spaces between the cells. Their wall is composed exclusively of the above-mentioned flat cells with fusiform nuclei, the internal layer of columnar epithelium and the outer layer of connective tissue having gradually ceased. The precise mode in which the biliary capillaries terminate cannot be said to be accurately known. With all ordinary injecting fluids a plexus comes into view; but if they are injected with a solution of alkanin in oil of turpentine, or with an alcoholic solution of gamboge, very remarkable appearances are produced, which are only explicable upon the supposition that the solutions thus made penetrate into the interior of the hepatic cells by filtration, though this cannot be held to disprove the existence of a cell-wall.

ASP corroborates the statements made by MACGILLAVRY that the hepatic bloodvessels are surrounded by perivascular spaces, as he has been able to inject them by the method of puncture.

Annotations.

"Ne quid nimis."

"SACRIFICIAL" LITERATURE.

WE must apologise for applying the term "literature," in default of a more convenient word, to a class of writing which is in no sense literate. The *Cornhill Magazine*, a periodical which started on its career under the highest literary auspices, contains in its current number a conspicuous example of the composition to which we allude. The title chosen is "Sacrificial Medicine," and the avowed purpose of the writer—evidently a very remarkable person—is to show that "a large part of the medical science of all past ages proves that the doctors and their patients valued remedies *in proportion to the price to be paid for them*, either in money or in suffering; in short, adopted freely the Doctrine of Sacrifice as applied to Medicine." The italics and capitals are the author's. This general purpose is supplemented by a design to prove that the "inductive science" does not rule in the sick room even now, and that both doctors and patients retain their faith in "Sacrificial Medicine." We scarcely know which most deserves attention in the strange paper that, in some mysterious way, has found a place

in the *Cornhill*, the ignorance and perverse ingenuity of the writer, or the innocence of the presiding censor who allowed it to pass into print. To begin with, the word "Sacrifice," although emphasised with a capital letter, and described as a "Doctrine," is employed exclusively in its most ordinary sense; the idea being made to include everything nasty or disagreeable to the taste of the person having recourse to a remedy. The operation of swallowing a dose of castor-oil or asafœtida is a "Sacrifice," and an exemplification of the "Doctrine." That this is the fact will be evident from the peroration, from which we quote the following elegant extract:—

"To Homœopathy (as to many another kind of heresy) we probably owe somewhat of the mitigation of orthodoxy; and children, noticing the busts of Hahnemann in the shop windows, may be properly taught to bless this great Deliverer who banished from the nursery those huge and hateful mugs of misery—black founts of so many infantine tears—mugs of sobs and sighs, and gasps and struggles unutterable, from one of which Madame Roland drew the first inspiration of that martyr spirit which led her onward to the guillotine, where she suffered herself to be whipped six times running sooner than swallow the abominable contents."

This is how the article ends, and it is a fair sample of the style throughout. It is, in brief, a compilation of all the filthy and absurd nostrums which, as everybody knows, were prescribed by the ecclesiastical and lay charlatans of the dark ages. The story has been told a hundred times—with humour, and it forms the staple of comic medical literature. It sometimes even finds a place in an "Introductory"! But it is taxing the credulity of those of our readers who have not seen this article to ask them to believe that a writer in an intelligent magazine actually treats the subject seriously, and adds to his monstrous folly the signal impudence of describing the authors of these pestilent nostrums as the Gulls and Thompsons of the period, with the implication that the distinguished practitioners with whose names he makes free are only a few removes from the same depths of ignorance. The argument, if we may be excused for a moment so describing it, stands thus: In 1621 somebody recommended for hiccup, "a beverage, of which the chief ingredient is the flesh of a mummy.... Cannibalism [therefore] survived in medicine, and was approved by the faculty in Italy as well as in England down to a recent date"—with the moral that doctors generally are knaves and savages. A parallel exploit of reasoning would be that, because in a certain dark period the sovereign believed in swimming witches, and archbishops superintended the burning of heretics, monarchy is a delusion and religion a snare. It would not be worth while to notice this marvel of stupidity, except as a curious product of the dull season in a quarter where rank weeds are not commonly cultivated, but that interspersed among the select stories there are assertions so grossly and flagrantly false that they call, not for contradiction—that would be a work of supererogation,—but for indignant exposure as offensive to decency and discreditable to the magazine in which they have been permitted to appear. The writer has the effrontery to ask: "Did anybody ever find a medical man, in view of a patient's straitened circumstances, telling his anxious friends that the remains of the last bottle of his physic would answer as well as a new one, or that they might readily change it by adding a few drops of some fresh ingredient, instead of ordering another six ounces from the chemist, to be set aside in its turn half-used to-morrow? Or (what is still more to the purpose) did anybody ever hear of a case wherein the physician summoned for consultation (possibly at enormous cost) has given his honest opinion that the regular medical attendant of the patient has mistaken his case, and that the treatment ought to be altogether reversed?" And so on in the same strain, with the unblushing imputation that the consulting physician jumps into his carriage after pocketing his fee, and cheerfully quits the house of mourning, "aware he is losing the patient's chance of recovery by his wrong treatment." We have no words in which to characterise the mendacious calumny of these outrageous falsehoods, and we think the responsible managers of the *Cornhill Magazine* owe it to the public and their own repute as honest men to tender the amplest apology for the insult to a laborious and liberal profession and an honourable class of practitioners, which their periodical contains. It is needless to say that no consulting physician would retain the respect of his colleagues a single moment if he did not instantly correct any error he might detect in a case to which he was "called in." This is always done, and while it is not only unnecessary, but would be cruel to the friends of a patient, to declaim against the treatment previously adopted in the extremely rare case where a general practitioner has "egregiously mistaken" the malady or its cure, it is the duty of the physician to remedy the error; and, though he cannot recall the past, he is responsible for the future. No sensible person needs to be told that this is the course pursued by every qualified medical man, and the contrary imputation can be damaging only to the magazine in which it appears. The title of the paper should have been that which we have set at the head of this rejoinder.

SALICYLATE OF SODA.

THE *Berliner Klin. Wochenschrift* contains an article on the effects of the salicylate of soda as an antifebrile, by Dr. Moeli, of the Rostock University Hospital. According to Kölbe, the salts of salicylic acid possess no antiseptic properties, which has been confirmed by other observers, their preserving effects on organic matter being derived from the amount of free acid in them and proportionate to it. The trials of this at present in Germany rather fashionable acid as an antifebrile induced the author to try the salt as such, the presence of alkali being indispensable for the absorption of the acid into the circulation, and soda appearing preferable to potassa. The solution of salicylate of soda (the acid is obtained from this salt by the wholesale manufacturing process, and therefore the latter is not dearer than the former) is of a brown colour and unpleasant taste; the addition of extract of glycyrrhiza or some wine taken with the dose is therefore recommended. From four to five grammes of the salt is the usual quantity given every other evening in cases where the larger doses of the sulphate of quinine (1·5 to 2·0 grammes) would be required. Several cases of typhoid fever (altogether seven), in which the drug was used without the cold bath or any other remedy, showed after each dose a constant decrease of temperature (from 2° to 3° C.), lasting over twenty-four hours, combined with a diminished frequency of pulse. An increase in the quantity of urine was not observed in the twenty-four cases of miscellaneous febrile diseases in which the salt had been administered. In half the number a profuse perspiration accompanied the fall of temperature, as has been recorded by Buss, after the use of salicylic acid. In some cases, however, the salt effected a decrease of body-heat from 40·4° to 37·0° C. without any sweating at all. In four cases sickness and vomiting compelled him to use the salt solution as an enema, after which a distinct fall of temperature followed, though of less importance than after an application by mouth. Subcutaneous injections must be made with a neutral solution of the salt to avoid severe pain which follows after injection of the acid. The author insists on the usefulness of salicylate of soda as an antifebrile remedy in comparison with the antiseptic but not

antifebrile effect of benzoic acid. This chemical body in both forms, as derived from the urine of animals, as well as the acid made of the natural resin, possesses, according to the late experiments of Professors Salkowski and Fleck, antiseptic properties even in a higher degree than salicylic acid. The latter, however, acts undoubtedly as an effective antipyretic. Antiseptic treatment begins to assert its importance and success no less in medical cases than in surgery.

CHILDREN IN THE SILK TRADE.

GENERAL reforms frequently involve special hardships. The circumstances of a particular class may be exceptional, and a change conceived in the interest of the many may press inconveniently on a few. It does not, however, follow that the rule ought to be relaxed so as to meet the exception. Commonly the exception may be made to conform to the rule. A difficulty of this kind is just now engaging the attention of the Royal Commission on the Factory Acts. The Chamber of Commerce at Macclesfield has, it appears, represented to the Commission "that the circumstances under which the silk trade is carried on are of so exceptional a character as at least to justify the further suspension of the section of the Act relating to the employment of half-timers and full-timers." A deputation, headed by the Mayor of Macclesfield, has since enforced substantially the same plea. It is alleged that the effect of enforcing the full provision of the Act must be "to throw out of employment a large number of children whose labour is essential to the continuance of the Macclesfield silk trade." It is by no means clear that the health and happiness of the children concerned weigh as much in the estimation of the Chamber of Commerce as the prosperity of the trade it is desired to protect. This is only natural. But the Commissioners will do wisely to maintain the larger and national view, as distinguished from the narrower and local. It may be true, although the evidence is by no means conclusive, that "in order to learn the manipulation of silk perfectly, children should commence at an early age," but if this be the fact, some better mode of instruction or improved practice must be substituted for that which blocks the path of physical reform. The moral and physical health of the rising generation cannot be sacrificed to the Juggernaut of trade. The children of the poor are in a peculiar sense the children of the State, and it is bound to exercise a strong paternal guardianship. The problem which awaits solution is, if possible, to combine the conditions of health and education with the requirements of industry. In all cases where the support of the family depends in part on the remunerative labour of its younger members, the task of finding a satisfactory solution is, no doubt, embarrassing. But the provisions of the Factory Acts must be carried out in their entirety—that is, so far as the essential principle of relief is concerned,—and we trust the Chamber of Commerce will everywhere make it their chief concern to remove obstacles rather than cast stumbling-blocks in the way of progress. The health—the future prosperity—of the nation is deeply concerned in the issue of the struggle between the needs of trade and the necessities of the population. Taking the lowest standpoint, and looking to the interests of the race, it is abundantly evident that the young of the human species must be, as far as possible, emancipated from labour—that is, labour which stunts the growth of body and mind, and issues in the development of an adult feeble in form, incapable of the higher functions of life, and reproducing in its kind a progeny impoverished by its own blighted growth, and in time contributing to a degeneracy which must end in national weakness and individual want. It is eminently short-sighted to oppose measures conducing to the improvement of the race, and it will hereafter be found a fatuous policy to sap the root from which prosperity must spring.

THE "DAILY TELEGRAPH" ON STREET ICES.

A FEW warning and suggestive remarks which appeared in THE LANCET last week, on the subject of "Street Ices," have furnished a clever but hard-pressed leader-writer in the *Daily Telegraph* with matter for a column of agreeable banter. The didactic portion of his discourse is apparently designed to teach that ices are not bad in themselves, but injurious only when taken at ill-chosen times—for example, in the middle or immediately at the close of a meal. There is not, perhaps, much to which exception need be taken in this statement; but we offered no opinion on the expediency of eating ices—we only laid down that "cooling drinks and frozen eatables need to be especially pure and good in themselves," and our contemporary is obliging enough to confess that he thoroughly agrees with us. The objection we took to street ices was that they were not as a rule "pure and good." The *Daily Telegraph* is greatly scandalised by our remark that "the common street ice is a concoction of dirt and indigestibility." We are reminded that an ice is not concocted, or, as our contemporary curiously puts it, "subjected to any process of 'coction' or cooking whatsoever." We are also informed "that 'indigestibility' is not a tangible substance, susceptible of being made into a decoction by the addition of dirt." This is laborious, but it is not very intelligent humour. It is worthy of the journal which not long ago described "the shrine of Nike Aptera's Wingless Victory"; but it is not worth answering, further than to remark that "concoction" and "decoction" are different words, having diverse significations, commonly received and generally understood. If our contemporary will take the trouble—as we did before drawing attention to the subject—to examine the ices sold in the streets by hawkers with barrows, he will find they are not so simple as he seems to suppose. The gaudy colouring alone should have suggested reflections which might have warned a clever but unskilled writer from taking up the cudgels in defence of a danger he evidently does not realise and is not in a position to understand. We repeat, these cheap ices should be regarded with suspicion, and if the working classes have money to spare for such luxuries, they will do better to spend it in wholesome food.

PHOSPHATURIA.

THE attempt of Dr. Prout to establish a "phosphatic diathesis," based upon the tendency to the deposition of earthy phosphates in the urine, was unsuccessful, and met with determined opposition on the part of other observers highly experienced in the pathological indications of the urine; and since Dr. Bence Jones showed in his "Animal Chemistry" that the quantity of phosphatic deposit depended almost wholly upon the alkalinity of the urine, the idea of there being such a constitutional state as "phosphaturia" has fallen into abeyance, much as the kindred "oxaluria" has. In fact, excess of these constituents has more properly been regarded as symptomatic of derangements in nutrition, and not as a primary disorder leading to grave changes in the organism at large. A monograph has recently been published by M. J. Teissier, of Lyons, entitled "De la Phosphaturie à forme Diabétique," the object of which is to show that there does exist a grave constitutional state signalised by polyuria, wasting, and other symptoms of diabetes without the presence of sugar in the urine, but with a large excess of earthy phosphates. The normal quantity of phosphates excreted in twenty-four

hours is about ten to twenty grains, but in this affection the salt has been observed to reach from four to ten times that amount. The cases of phosphatic polyuria were first observed by M. Teissier *père*, two or three years ago, in which there were the constitutional symptoms of diabetes, with the passage of large quantities of urine, but no sugar; the specific gravity being low (about 1012), and the amount of phosphates being largely in excess of the normal. In one such case, in which there was as much as 450 grains excreted per diem, the patient was attacked with neuro-retinitis and sub-retinal œdema, *followed* by albuminuria. The albuminuria diminished, but the phosphaturia continued, so that the case is compared to albuminuria complicating diabetes. Another case is given in which traces of sugar as well as of albumen occurred in the course of the affection, but the excretion of phosphates persisted. The author inquires whether "diabetes insipidus" may not be phosphatic polyuria. It is worthy of note that Dr. Dickinson, in his recent work on Diabetes, records excess of phosphates in the insipid form of that disease.

M. Teissier further points out, in confirmation of his view (which he expresses very cautiously), that there may be a "phosphatic polyuria resembling diabetes," that this condition leads to grave disturbances of nutrition, notably cataract, in the same manner that diabetes does. He has analysed the urine in many cases of cataract, and in some has found excess of phosphates in the urine. He gives an outline of three cases of double cataract in which phosphaturia was present, in all of which operative interference led to ill results, and points out that in none of these cases was there any disease of the osseous or nervous system, while the fact of the cataract being double indicated some diathetic state. He affords no explanation as to the starting point of the affection, but contents himself with propounding the question that it may be due to over-acidity of the blood favouring the solution of phosphates in the economy, or to a morbid activity of the nervous system by which more phosphates are used up in the nutrition of the nervous centres.

GLASGOW CONSERVANCY.

THE medical officer of health for Glasgow, Dr. James B. Russell, has lately submitted to the Committee of Health of that city a very interesting memorandum on ashpits and privies. It is a history of the ashpit and privy question in Glasgow, and affords an instructive illustration of the difficulties which beset the carrying out of the simplest sanitary arrangements among local representative bodies. Until very recent years Glasgow ashpits and privies had an exceedingly unsavoury reputation. In 1863 the Committee of Health took the question in hand, and instructed Dr. Gairdner, the then medical officer of health, and Mr. Carrick, the master of works, to arrange as to the best principles on which ashpits should be constructed in various parts of the city. As the result of this instruction, the Committee were in effect advised to limit the size of the ashpits and privy vaults, and to cleanse them daily. Thereupon the inspector of cleansing, who appears to represent a different department, is called upon to fix the periods for the removal of the contents of the ashpits and privies, and he lays down the rule of practice that all box privies and small ashpits should be cleansed daily, and other ashpits and privies at an interval to be governed by their situation and the number of people using them. Having started upon this course for amending privy and ashpit nuisance, ten years pass, during which the practice of cleansing does not accord with the principles laid down for its performance, and in which the cleansing department of the municipal government is so conducted that the sanitary advantages to be obtained from structural improvements of privies and ashpits by the health department were not secured. In other words, the operations of the cleansing department were not governed by the sanitary needs of the city as represented by the health department, but by other considerations, so-called economic, and the latter committee found its most formidable and persistent opponent in doing its duties with respect to excremental nuisances in the very department which it might be presumed was primarily established to facilitate their execution. This is not an uncommon spectacle, we believe, among municipal committees this side of the Tweed. Manchester not long ago blundered in this way, but, if we mistake not, this city has now put the cleansing of its privies and ashpits under the control of its Health Committee, so that the cleansing may be in accord with structural improvements of the receptacle. Glasgow cannot well afford to do otherwise.

PERMISSIVE SHAM-SANITATION AND THE DEATH-RATE IN HULL.

WITH regard to population, Hull is about the tenth English town, while as a port it only yields in importance to London, Liverpool, and Bristol. It may be imagined, therefore, that the health of this large town, the population of which the Registrar-General estimates at 133,932 persons, is a matter of somewhat more than local interest. We therefore feel bound to call attention, first to the value apparently placed upon the health of the town by the Town Council or Urban Sanitary Authority of Hull, and secondly to the sanitary condition of the town as judged by its recent mortality statistics.

It appears from an apparently authentic list of provincial medical officers of health that the salary assigned to the medical officer of health of Hull, who also fills the post of port inspector, is £20 *per annum and fees!* That the post of medical officer of health of the town and port of Hull should be held by any medical practitioner must signify that a large proportion of the duties appertaining to such an appointment remain unperformed. The amount of fees is left to the imagination, but it is improbable that they are considerable. We are therefore forced to the conclusion that the Urban Sanitary Authority of Hull either considers that there is very little sanitary work to be done in the town, or desires that it should be done and not paid for, or is content that the necessary work should be left undone.

As regards the sanitary condition of the town, let us look at recent statistics on the subject. During the thirteen weeks ending 2nd inst., according to the Registrar-General's Weekly Returns, the annual death-rate in Hull was equal to 30·1 per 1000, and exceeded by 26 per cent. the average rate in eighteen of the largest English towns. The rate in Hull in the corresponding period of 1873 and 1874 did not exceed 27·5 and 26·7 per 1000. The death-rate during the past summer quarter in Hull from the seven principal zymotic or preventable diseases was equal to 9·6 per 1000, and exceeded by 48 per cent. the average zymotic rate in the eighteen towns. One more fact. The rate of infant mortality, measured by the proportion of deaths under one year to births registered, was 288 per 1000 in Hull last quarter, and was 30 per cent. in excess of the average rate of infant mortality in the eighteen towns. This comparison could be carried further with similar results. Judged by all the various tests supplied by the manipulation of the mortality statistics of Hull, the sanitary condition of this town is most unsatisfactory, even measured by the low average standard of health prevailing in our eighteen largest English towns. The existence of such a palpable sanitary sham as a nominal medical officer of health for this town and port at an annual salary of "£20 and fees," affords one

of the most powerful arguments against the present system of permissive sanitation, a system which is apparently powerless to interfere with the waste of life now going on in Hull.

DISTENSION OF THE URINARY BLADDER MISTAKEN FOR AN OVARIAN CYST.

ONE of the most mortifying mistakes in diagnosis that can be made, and yet one that is by no means infrequent, is that in which an abnormally distended bladder is thought to be an abdominal tumour of importance. Misled by the occurrence of apparently free discharge of urine, the clinical observer has been known to diagnose a pregnant uterus when there was only hysterical retention of urine, and when the timely use of the catheter has caused the disappearance of the tumour and the pregnancy at once. Dr. Murchison records a remarkable case of enlargement of the abdomen in an elderly male, which was justifiably believed to be hydatid tumour of the liver, but which, on tapping, yielded twenty-four pints of urine. Another case has been recorded in *Le Progrès Médical* (May 15th), which is highly instructive. The patient was a female, thirty-two years of age, in whom menstruation had ceased for three months previous to her admission into Lariboisière Hospital, under M. Jaccoud; but there were no definite signs of pregnancy. Ten days before admission she experienced pain in the abdomen, which rapidly began to enlarge, and was soon followed by œdema of the lower extremities and genitals. There was a tumour in the median line, occupying the hypogastric and umbilical regions, reaching to four finger-breadths above the umbilicus, descending below into the pelvis. The cervix uteri was out of reach when vaginal examination was performed; and at first the opinion was that the tumour was ovarian, which was replaced by the hypothesis that it was a distended bladder, from its rapid growth, the pain at its onset, and the difficulty experienced in micturition. Catheterism yielded about a pint and a half of urine, and the bladder was thought to be completely evacuated. M. Jaccoud deferring a complete examination until the next day, the patient was seized in the night with dyspnœa, to relieve which the tumour was aspirated, and nearly eight pints of urine were drawn off, the last portions being blood-tinged. Before the operation the catheter had been employed, so as to be sure that the bladder was empty. Death occurred in six hours, the post-mortem examination showing a uterus between the third and fourth months of pregnancy, and great dilatation of the bladder and ureters. The seat of puncture was sought for in the walls of the bladder without success. No mention is made of the reason why catheterism failed to draw off all the urine.

SCURVY.

THE *Shipping Gazette* of the 29th ult. contains a special account of the official inquiry held at San Francisco on the 3rd ult. as to an outbreak of scurvy that occurred on board the ship *Bremen* on the outward passage from Liverpool. From this it appears that the ship was chiefly manned by coloured seamen, that the passage occupied 192 days, that many of the crew refused to take the lime-juice, although double allowances were served out to them, that fresh messes of vegetables were served out during part of the passage twice a week, and that in cold latitudes most of the watch were allowed to remain below. It appears also that many of the crew were unhealthy, or, at all events, unsound when they sailed from Liverpool, for one died of what is recorded as consumption about a fortnight after the commencement of the voyage, another man had fever of some kind, a third was down with dysentery, two others met with accidents, and a sixth, having chest pains, was treated, among other things, with mustard plasters before (as we hope) scurvy had commenced. The crew were short of bedclothing, but although the ship was manned by a Lascar crew no extra blankets were taken, and no canvas was served out to keep the men warm. The steward refused to show the books from which he quoted the quantities of stores served out, and the captain, although all this miserable sickness prevailed, did not think of putting into Honolulu or any port because "he had been twenty-eight years a shipmaster, and never put into any port but his destined port." The court was composed of the consul, three ship captains, and Lloyd's agent, but, strangely enough, there was no medical member. The captain's certificate was returned to him with the remark that he had failed to exercise the discretionary power vested in him as to running for another port, Honolulu being to leeward, and, with the trade winds, only six or seven days' sail. This, with a court wholly composed of nautical men, is the nautical aspect of the question. The sanitary aspect shows that all crews, and particularly coloured crews, should be examined before the ship sails, that with such men a special store of warm clothes and bedding should be provided. For it is really of more importance to Lascars than good food, that clothing suitable for coloured men should be supplied. It is not within our experience that coloured seamen, whether East Indians or Africans, as a rule refuse lime-juice; but the evidence does not show clearly whether the lime-juice was given out day by day, and mixed properly according to the terms of the Act; and the conduct of the steward in refusing to show his books is of itself very suspicious. Anyhow it is a disgrace to the present generation that any British ship should be thus decimated with scurvy.

A MAGISTRATE AND A MEDICAL WITNESS.

THE following report by *The Times* on Saturday last of the proceedings in a police case must be given literally:—

"Patrick Barrow, labourer, was charged at Westminster, on remand, with an indecent assault upon Bridget Cronin, aged nine. Mr. Arthur Price, house-surgeon of Westminster Hospital, was put into the witness-box. Mr. Arnold, the sitting magistrate, asked him how it was that he had refused to inform a constable whether he had any evidence to give for the prosecution, when interrogated by the constable upon the matter? Mr. Price replied that he was not in the habit of giving evidence to police constables, but was at the service of the Court if required to give evidence in the usual way. Mr. Arnold thereupon intimated that the interrogation was by his desire, censured Mr. Price for his reticence to the constable, and asked him if he had any evidence to give for the prosecution. Mr. Price replied that such evidence as he could give would be in favour of the prisoner. Mr. Arnold then bade him stand down, and said that he 'did not require his services.' Barrow, who strongly protested his innocence, was then committed for trial."

The above report would be incredible if it appeared in any less trustworthy authority. It is disturbing to think that under the very shadow of the Houses of Parliament a magistrate should seek evidence in such a loose fashion, and instead of himself hearing a medical witness's testimony in the ordinary way, should make the reception of it depend on a policeman's report as to whether it was likely to be one-sided. Mr. Arthur Price was perfectly right in refusing to give his evidence to a police constable. Indeed, he would have acted very wrongly had he not so refused. If this is the habit of police-courts, or of the Westminster police-court, the less it is countenanced by medical witnesses the better. Our contemporary the *Examiner* devotes a leader to the incident, and it is most justly indignant at the conduct of the police magistrate. The prisoner has been since tried at the Middlesex Sessions and acquitted. There is

every reason to believe that he would have been acquitted at the police-court if the evidence in his favour had not been disallowed.

THE MEDICAL EDUCATION OF WOMEN.

THE medical women question has received a speedy and decisive answer at Birmingham. It will be remembered that a deputation of women's rights advocates recently waited upon the Council of Queen's College and urged the desirability of making provision for the education of female medical students, backing up their suit with the hint that to admit female students would tend to popularise the College. It was very prudently remarked that the assent of the hospital authorities should be obtained before the scheme could be entertained. At length the Council have unanimously resolved to decline to admit women students. The Council were induced to come to this determination in consequence of the result of the joint action of the professors and of the medical officers of the General and Queen's Hospitals, to which we called attention last week, and from a subsequent resolution of the professors, carried by a majority of nine to three votes, that they (the professors) could not undertake the medical instruction of women students in Queen's College.

It would appear, therefore, that another door has been closed against the well-meaning but misguided females who are afflicted with the delusion that the arduous and responsible labours of medical life are not properly performed by members of the sterner sex. If we could but feel that the matter will end here, what a relief! But sooner or later other attempts will be made, at Birmingham or elsewhere, and it may happen that some aspiring institution desirous of "popularising" itself will in a moment of weakness accept the seductive offer, and the female aspirants to medical practice find another home.

THE DYSMENORRHŒAL MEMBRANE.

DR. P. FINKLER, of Kiew, has examined seven specimens of dysmenorrhœal membrane obtained from four patients. One of these was under observation in the hospital for three months. During that period she menstruated three times, and passed a membrane on each occasion. Dr. Finkler believes that the membrane is the mucous membrane of the uterus, inclusive of the blind extremities of the glands, but that in some cases the deeper layer of the membrane and the terminations of the glands remain in the uterus. The structure of the seven membranes examined was essentially the same, but with varying proportions of blood, round cells, and epithelium, and similar to what had been described before as the structure of the uterine mucosa during the early part of menstruation. The names "apoplectic," "villous," "inflammatory," which have been given to different states of the membrane by different authors, depend on the quantity of blood, and granulation or round cells, found in the tissue; the villous character of the membrane depends on strings of fibrine which, in some cases, appear attached to its inner surface. The membrane is the product of disease, and not of impregnation and abortion, as was shown by the case referred to above. Nor is it the product of the increased physiological action which takes place in the generative organs periodically; but it is the result of a pathological condition which is to be looked for in the character of its elements, in the great accumulation of granulation cells, many homogeneous, others granular, some nucleated; in the blood and fibrine found in the tissue; in the epithelium swollen, glistening, or lost in the flocculent outer surface of the membrane; persistence of the disease, its recurrence after cold, abortion, labour, acute inflammation of the uterus; the condition of the uterus itself, its false position, and abundant flow of mucus (often with acid reaction) from its cavity. All the membranes examined gave the amyloid reaction with iodine and sulphuric acid, and Dr. Finkler thinks this is probably the real pathological condition. The cause of the separation of the membrane he finds in the accumulation of granulation cells in the mucous and submucous tissue, and in the flow of blood, which in some cases takes place into the whole of the mucous membrane, and in others only into the deepest layer of it; in consequence of these two forces the mucous membrane becomes detached, acts like a foreign body, and excites uterine contractions.

THE KINGSTON GUARDIANS AND THEIR MEDICAL OFFICER.

WE are glad to observe that a most ungenerous attempt to oust the medical officer of the Kingston Union, Mr. Harris, from a position he has worthily held for many years has been frustrated by the good sense of the majority of the board of guardians, before whom the case was lately brought. The very utmost that could be urged against Mr. Harris was that he had committed an error of judgment in the treatment of a lunatic patient. "He delegated power to the nurse to use the strait-jacket" was the extreme charge that his principal accuser brought against him. Colonel Cole should consider the ruinous penalty which the adoption of his motion would have brought on a professional man. The loss of the appointment itself was a very little matter, but the dismissal would have attached a stigma on Mr. Harris as cruel as it was undeserved. With the exception of a clerical member of the board, Col. Cole found no one to support him in his ill-advised endeavour; the rest showed themselves unmistakably on the side of reason and justice, and denounced the proposal as "unchristian," and as "an unparalleled piece of effrontery," which is precisely the opinion we have of the attempt. Naturally the profession in the district received a rude shock on becoming acquainted with these proceedings. Mr. Harris's professional brethren lost no time in drawing up an address of sympathy to him, which has already received the signatures of nearly thirty medical men. Meanwhile the affront is likely to recoil on the head of the assailant.

A NEW YORKSHIRE INLAND WATERING-PLACE.

A Local Government Board inspector recently held an inquiry at Hovingham, near Malton, respecting an application from the Malton rural sanitary authority for power to borrow £1500, to be expended in the improvement of the drainage and water-supply of this village, which in a local paper is described as "a popular little inland watering place." It was stated that a considerable number of the villagers were opposed to the expenditure of this money, and that they had memorialised the inspector against the scheme; but at the meeting, which was well attended by the ratepayers, the opposition was but slightly represented. After considerable discussion, the inquiry was adjourned for amendments of the scheme, both as regards drainage and water-supply. The inspector suggested that the drainage-plan should be so altered as to carry the sewage further from the village, and to admit of its application to the land, or, if it be necessary, to empty it into the beck which runs through the village, to remove the point of its discharge lower down than the scheme proposed. With reference to the water-supply, the inquiry was postponed, in order to obtain analyses both of the water from the proposed source and from the wells at present in use. It would appear that the popularity of Hovingham as a watering-place must be of very recent date, as the

population of the township of that name declined from 608 in 1861, to 587 in 1871. It augurs well, however, for the future prospects of the watering-place that its drainage and water-supply should thus early be dealt with. In most of the older watering-places these matters were too often left to look after themselves, until neglect created an absolute nuisance.

THE MIDDLESEX HOSPITAL.

THE usual dinner of the students and friends of the Middlesex Hospital, held at the opening of the medical session, took place at St. James's Hall on October 1st, Mr. Campbell De Morgan presiding. The attendance was large and the evening was a very successful one, the speeches being remarkable for their good taste and feeling. The chairman, in proposing the toast of the Middlesex Hospital Medical College, remarked upon the present condition of the institution as a favourable contrast to former years. He remembered how that one session the total number of entries amounted to three and a half! The toast was coupled with the name of Dr. Greenhow, the Treasurer of the College, to whose unremitting energy and discretion much of the present position of the school is owing.

During the recess extensive alterations in the way of enlargement and improvement of the school-buildings have been undertaken. Mr. Foster, of Sidney Sussex College, Cambridge, has succeeded Mr. Heisch in the chair of Chemistry at the hospital.

"A COLONY OF LUNATICS."

AT Gheel, a village in Belgium, there is a colony of lunatics under the care of Dr. Bulckens, and during the recent Medical Congress at Brussels it was visited by about forty members, who were greatly interested in what they saw and heard of the condition of these unfortunate people. The lunatics, who number about 1300 of both sexes, are not kept in an asylum, but board and lodge with the inhabitants. The patients come from all countries, and belong to all ranks of society, being accommodated according to their means. The more dangerous lunatics are placed in outlying isolated houses. The inhabitants are all more or less engaged in the surveillance of those who are quartered upon them. There is a depôt asylum and hospital to which cases of violence and urgent illness are sent. It has been suggested that the system would work well elsewhere. It would be interesting to learn whether this constant association with the demented tends to induce any form of mental deterioration among the villagers of Gheel.

OBSTETRIC NURSES.

IT seems to be too generally fancied that any nurse will do for a lying-in woman. We see instances from time to time of the mischievousness of this delusion, lying-in patients drifting into bad conditions from the ignorance or the inefficiency of the nurse. A sad case has just occurred at Wrexham, in which a nurse of seventy years was awoke at six in the morning after a whole night's heavy sleep. She took it for granted that what her mistress wanted was a draught which had been prescribed. Without having any conversation with her, she took up an aconite liniment instead of the draught and gave it to her unfortunate mistress, who shortly afterwards died with all the symptoms of aconite poisoning. The nurse admitted frankly her mistake, and made no excuse for it. She was evidently too old for the work, and too exhausted to use her wits in the night. Even if the bottle had been marked "poison," it is quite probable that the same sleepy error might have been committed.

OUTBREAK OF ENTERIC FEVER ON BOARD THE "CORNWALL" SCHOOL-SHIP.

DURING the past week nineteen cases of enteric fever have been admitted into the Seamen's Hospital, Greenwich, from the *Cornwall* school-ship stationed off Purfleet. These make the number of cases received during the past fortnight amount to twenty, the first case having been admitted September 21st. The water employed on board the *Cornwall* is brought off daily by the ship's launch from a well or reservoir situate near the river. As the cases of enteric fever have occurred so simultaneously, we would suggest that the water-supply has probably become contaminated. At all events this should be the first step in the inquiry, which we hope will be of a most searching character. We understand that a case of enteric fever has also occurred on board the *Warspite*.

WORCESTER INFIRMARY.

WE should be sorry to see the Executive Committee extricated from the difficulties which they have brought themselves into by medical men rushing to fill the vacancies created. At present there is only one physician to do the work. Two others have applied to fill the vacancy: one, Dr. Hunt, of Birmingham; the other, Dr. Woodward, of Worcester. Dr. Hunt, on hearing the circumstances which had led to the vacancy, withdrew his application. The Executive Committee have rejected a motion to call a meeting of governors to decide the question in dispute. They cannot be congratulated on the spirit they display in this controversy, which, if not satisfactorily terminated, may prove more disastrous to the institution than they think.

THE PUBLIC HEALTH ACT, 1875.

THE Local Government Board has issued a circular to local authorities descriptive of the Public Health Act, 1875, and explanatory of the various amendments of the sanitary laws contained in the Act. The work of consolidation necessitated numerous minute amendments to remove obscurities in the Acts consolidated and to harmonise their provisions. Advantage was also taken to introduce certain amendments extending the powers and obligations of sanitary authorities. The circular describes in detail the different amendments, and forms a very important appendix to the Act of 1875.

MORTUARIES.

AT the last meeting of the Metropolitan Board of Works a memorial from the Strand District Board was read, setting forth that owing to the want of mortuaries for the reception of the dead before burial the health of the living was greatly endangered. In many crowded localities it was difficult to obtain sites without compulsory powers. The memorialists, therefore, prayed the Board to introduce a Bill into Parliament conferring upon vestries and district boards compulsory powers for the purchase of sites for mortuaries. The memorial was referred to a special committee for report. Dr. Joseph Rogers has been most active in this matter, and whatever may be the issue of the present application, he deserves great credit for his well-directed efforts.

"SIN AND DIARRHŒA."

THE Wednesfield Local Board have been perplexing themselves with the knotty question of the significance of epidemic diarrhœa. The ordinary views as to its relation to bad water, faulty drainage, and the like found some supporters. Mr. Wadley—described as a stout, robust gentleman—could not understand all the fuss made nowadays

about the water question. When he was a young man he used to drink nothing but river water. He used take a cup and drink water from the side of a 'good jed dog' in the river." (Loud laughter.) Mr. Cooper cut the knot. He said that sin had brought disease into the world, and the Almighty permitted the outbreak of diarrhœa in their midst; neither doctors nor anyone else could prevent it. Mr. Cooper is not far wrong. Sin has much to do with diarrhœa, especially municipal sin, which permits a population to drink sewage, and then coolly satisfies itself with referring the judgment to the Almighty.

BOARD SCHOOLS AND SCARLET FEVER.

"A MEDICAL MAN," in a letter to the *Standard*, justly exposes the ignorance of a School Board visitor, who insisted on a child who had suffered from scarlet fever ten days, but who was feeling pretty well, returning to school. The writer says he has "often" been horrified at such indiscretions. This is one of the many ways in which children disseminate disease. This child was doubtless in an actively infectious state, and would be for a month or more after her return. The Board should take this matter into consideration. It is the opinion of the best judges that two or three months must elapse before a scarlet fever patient ceases to be capable of conveying the disease.

THE annual St. Bartholomew's dinner was held on Friday, the 1st inst., in the great hall of the hospital, under the presidency of Professor Humphry, of Cambridge. The old students and visitors mustered more largely than on any previous occasion, upwards of 120 being present, and the company included Sir Sydney Waterlow (treasurer of the hospital), Drs. Carpenter, Acland, West, Black, F. J. Farre, Stenhouse, and Monro, Sir James Paget, Professor Abel, Mr. Savory, Mr. T. H. Hills, Mr. Holden, Dr. Andrew, Mr. W. H. Cross, and many others connected with this celebrated hospital and school. The duties of chairman were most ably performed by Dr. Humphry; Dr. Acland, Sir James Paget, and Dr. West were specially happy in their speeches, and the prandial and other arrangements of the evening were eminently successful, thanks to the administrative skill and genial activity of Mr. Langton.

A HUMANE and wise regulation now prescribes that at our criminal lunatic asylums a separation should be made between two classes of inmates. Dr. Orange, the able medical superintendent of the Broadmoor Criminal Lunatic Asylum, shows in a recent report how beneficially the plan may be made to work. Those who belong to the class detained during Her Majesty's pleasure are to a great extent persons who have acquitted themselves honestly in their callings up to the period when they have become afflicted with insanity, and who then, under the influence of some delusion, commit a crime. Those, on the other hand, who have become insane whilst undergoing penal servitude are widely different. They are for the most part habitual criminals inured to crime and vice. It is only of late that an attempt has been made to separate these two classes, and already it has proved effectual in reducing insubordination and disorder.

THE friends and admirers of the late Sir John Gray have determined to erect a suitable monument to his memory, in testimony of his ability, energy, and perseverance. To him the citizens of Dublin are mainly indebted for the pure water they at present possess. The deceased in early life practised as a surgeon, and to the sanitary and scientific knowledge thus acquired may be attributed the successful carrying out of the Vartry water-system.

THE Artisans' Dwellings Act promises to work well. As is known, it places great power in the hands of medical officers of health—power which, however, we are quite confident will never be misused. The process of demolishing courts and alleys unfit for human habitation may be said to have commenced. The initiative was taken some time back in one of the eastern districts of London, and we now learn that Dr. Tidy, the medical officer of health for Islington, has, within the last few days, submitted to the Sanitary Committee of the Vestry a list of places in the parish to which the Act should be applied. The recommendations of the medical officer, happily, must be complied with, however obnoxious they may be to a few landlords.

DR. ROBERT BARNES, as President of the Metropolitan Branch of the British Medical Association, gave a *conversazione* on Wednesday evening at Willis's Rooms. A large number of guests were present, including Professor Abel, Captain Webb, Mr. Hyde Clarke, &c., as well as most of the members of the Metropolitan Branch, and many other distinguished men connected with the schools and the profession. The band of the Royal Marines played a selection of music during the evening; many works of art, scientific instruments, photographs, &c., were shown, and the hospitality of the host was evidently very much appreciated.

THE tenth annual report of the sanitary condition of Merthyr Tydvil has just been issued by Mr. T. J. Dyke, medical officer of health for the district, and who is known as an energetic sanitary reformer. The present report, although well arranged, presents no special features of interest. We are rather surprised at the large number of deaths from scrofulous diseases recorded. No less than 92 children and 146 persons above five years of age were carried off last year by maladies bracketed under the heading of scrofula. Wet subsoil and damp foundations to houses doubtless account for this special mortality.

DR. SEPTIMUS GIBBON, medical officer of health for the Holborn district, in a report lately issued, again reverts to the subject of congenital syphilis, the mortality from which is increasing in the parish, although Dr. Gibbon believes that the returns do not represent one-tenth part of the disease prevailing. There can be little doubt that the loss of health and of life in London due to syphilis is alarmingly great. Sooner or later the Contagious Diseases Acts, which are proving so beneficial in garrison towns, will have to be extended in other directions.

MR. J. S. BALY, medical officer of health for Leamington, reports that comparatively little sickness existed in the town during the greater portion of the year 1874. In the third quarter of the year diarrhœa was rather prevalent, but, excepting this, very few cases of zymotic disease came under notice. As Leamington is one of our most popular health resorts, we are glad to receive such a satisfactory account of its sanitary condition as that given in Mr. Baly's report.

IN London, last week, 1401 deaths were registered, including 11 from measles, 113 from scarlet fever, 12 from diphtheria, 44 from whooping-cough, 25 from different forms of fever, and 145 from diarrhœa. Different forms of violence caused 46 deaths.

THE Social Science Congress was opened at Brighton last Thursday under the presidency of Lord Aberdare. On Monday next Dr. B. W. Richardson, the president of the Health section, will deliver an address to the members.

ON Monday last Sir James Paget presided at the distribution of prizes to the successful students of the Dental Hospital of London. The ceremony was held at Willis's Rooms. The spacious new premises of the institution, together with the excellent teaching staff, will not fail to attract an increasingly large number of pupils.

THE examinations for the certificate in State Medicine, instituted by the University of Cambridge, have been held this week. We believe about twenty-eight names are on the list of candidates. We hope soon to announce the result of the examinations.

ENTERIC FEVER is reported to be increasing in one quarter of Glasgow. Numerous cases continue to be reported, some of a very severe type, although the mortality is as yet small. It is estimated that about 20 per cent. in this particular part of the city have been attacked with typhoid.

THE guardians and other officials of Cannock have been called to account by Dr. Ballard, on behalf of the Local Government Board, by reason of the unsatisfactory state of vaccination in the district.

Correspondence.

"Audi alteram partem."

MEDICAL EXPERTS IN THE DAILY PRESS.

To the Editor of THE LANCET.

SIR,—I trust you will allow me to notice a letter inserted in your last number signed "F. R. C. P.," especially as reference is made to myself in what I consider to be an uncourteous and unjust way, and I am duly entitled to reply to it.

Allusion is first made to a letter of mine under the "sensational" heading "Homicidal Lunacy." This refers to a letter entitled "Criminal Lunacy in Scotland," which I sent to *The Times*, commenting on the "Cambuslang Murder." The editor, however, thinking the term "Homicidal Lunacy" more appropriate, substituted it for the one I had chosen.

The *Glasgow Herald*, containing a fully detailed report of the case, was forwarded to me by my friend Dr. Browne. He was aware that the *Psychological Journal* [thus in original!—ED. L.], then passing through the press, contained a few remarks upon "Murders by Madmen," and I, therefore, naturally thought that it was sent to me to comment upon in my journal. This I should have done had not the report arrived too late and when all matter was in the press. I considered the case, however, to be of such importance in a medico-legal aspect that I decided to send my comments and opinion to *The Times*.

I did not for a moment suppose that anyone could have inferred from the words used in my letter, "to express an opinion," that I intended the opinion for Dr. Browne, who is one of the greatest living authorities in lunacy. I am sure there is no statement in my letter from which such inference could be drawn, and there was nothing further from my thoughts at the time. The opinion was *pro bono publico*, but "F. R. C. P." has put his own construction on my letter in order to serve his purpose and raise a sneer.

Tierney had been tried, found guilty of murder, and sentenced to death, the jury recommending him to mercy in consequence of the *excitement* which might have existed from previous attacks of insanity. From the wording of the verdict the case appeared to me to be one in which doubt existed in the minds of the jury. Such being the case, I had a perfect right, especially as I considered the verdict an unjust one, to express an opinion on the case.

I must remind your correspondent that lunacy is a subject of interest not only to the profession, but to the world generally, and the columns of the press are open for discussion in disputed cases of insanity.

I cannot imagine how your correspondent can be under the mistaken impression that a physician is *not* entitled to express his opinion in a case of lunacy except he has actually seen the lunatic. An opinion formed upon careful and deliberate analysis of the full details of a case is surely entitled to some consideration, especially as it is the special province of psychologists [thus in original!—ED. L.] to frequently base their opinion upon written statements.

It is, however, a great satisfaction for me to know that the Home Secretary, in his subsequent investigation of the case, formed the same opinion as that expressed by

Your obedient servant,

Cavendish-square, Oct. 5th, 1875. L. S. FORBES WINSLOW.

SYMPATHETIC OPHTHALMIA.

To the Editor of THE LANCET.

SIR,—In "A Practical Treatise on Diseases of the Eye," recently published for me by Messrs. Macmillan, there occurs the following passage, which forms part of my observations on the channel through which sympathetic ophthalmia may be excited in a previously healthy eye by injury to its fellow:—

"Mr. Vose Solomon accuses the optic nerve, but only on the ground that, in a single instance, sympathetic ophthalmia followed enucleation of the eye in a patient of his own, whose optic nerve, on account of some imperfection in the scissors employed, was bruised at the place of division, instead of being cleanly cut."

In writing these words, I believed that I was correctly stating the substance of a case which Mr. Solomon had himself communicated to me some years ago, and also the substance of his own inferences from the facts related. Mr. Solomon, however, repudiates both the circumstance which I have mentioned, and the opinion which I have attributed to him; and I am unable to lay my hand upon the written history with which he furnished me.

On referring to an article, mainly on sympathetic ophthalmia, which I contributed to the *British and Foreign Medico-Chirurgical Review* for January, 1868, and in which Mr. Solomon admits that his own views are correctly stated, I find that the incident of the contused optic nerve and the subsequent sympathetic disease is described in a passage which I translated from the *Ophthalmiatrische Beobachtungen* of Dr. Mooren; and hence it seems probable that my recollection has played me false, and that I have fallen into an error in attaching the name of Mr. Solomon to a statement which is in all other particulars correct. I have arranged with Messrs. Macmillan to add to the present list of *errata* in my book that the name of Dr. Mooren should be read instead of that of Mr. Solomon in the passage referred to, and I shall be much obliged if you will give publicity to this explanation, and will at the same time allow me to express, both to Mr. Solomon and to yourself, my regret that the necessity for so troubling you should have arisen.

I am, Sir, your obedient servant,

Wimpole-street, October 4th, 1875. R. BRUDENELL CARTER.

LIVERPOOL.

(From our own Correspondent.)

THE opening proceedings of the winter session at the Liverpool School of Medicine were on this occasion rendered additionally interesting by the presence of Prof. Humphry, F.R.S., who, at the request of the Council, kindly undertook to preside and distribute the prizes gained during the two previous sessions. The proceedings commenced with the reading of a report by the registrar of the progress of the school during the past twelve months. An important feature in the report was the announcement that, by the will of the late Roger Lyon Jones, a sum of £2000 had been left for the purpose of founding scholarships. It was also suggested that these scholarships might be devoted towards encouraging and assisting students to work for the higher degrees, such as those of the University of London.

Dr. Dickinson's introductory address then followed. It

mainly consisted of an interesting and erudite sketch of the state of medicine among the ancients, the lecturer concluding with some sound advice to the students.

Professor Humphry, before handing the prizes to their respective recipients, offered some eloquent remarks on the subject of knowledge, the power of applying it, and the value of competitive examinations.

In the evening the annual school dinner took place at the Adelphi Hotel, under the presidency of Mr. Reginald Harrison, which was numerously attended, Professor Humphry being amongst the guests. One most melancholy event cast a gloom over the proceedings of the day. I allude to the death, at Manchester, of Mr. Michael Harris, previously a distinguished pupil at Guy's Hospital, and more recently (for the last two years) the deservedly popular Demonstrator of Anatomy in the Liverpool School of Medicine. He was justly described by one of the speakers as "a type of what a healer of men should be—courteous, pure, unselfish, an honourable gentleman." His untimely end (a victim, I hear it said, to the want of a holiday) is most deeply deplored in Liverpool by a large circle of friends.

Liverpool, October 4th, 1875.

NEW STUDENTS.

THE following is a return up to Thursday of the number of fresh students at the metropolitan medical schools this session:—Guy's, 89; University College, 75; St. Thomas's, 67; St. George's, 44; King's, 30; St. Mary's, 30; London, 27; Charing-cross, 24.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on Sept. 30th:—

Harvey, T. Prickard, Pryland-road, Newington-green-road.
Kellard, J. T. W. Stenteford, Trafalgar-place, Stoke Devonport.

The following gentlemen passed the Primary Professional Examination on the same day:—

Alex. Anderson, St. Bartholomew's Hospital; Samuel George Betty, John Hopkins, and Henry Frederick Harvey, University College; Francis Wheeler Brown and Fredk. W. Dobson McGachen, London Hospital.

MR. C. P. LUKIS has obtained the Open Scholarship of £100 for one year at St. Bartholomew's Hospital.

THE annual general meeting of the Spring Gardens (late Medical) Club, S.W., will be held at the Club on Wednesday, 13th October, 1875, at 4 o'clock P.M.

DR. NEWHAM, medical officer of the 3rd District Winslow Union, has been awarded the extra payment for efficient vaccination for the fourth time.

COMPLAINTS having been made to the Denbigh Corporation that the veterinary surgeons they employ to inspect cattle brought into town place their hands in the mouths of diseased animals, and then straightway inspect sound animals, thereby carrying the infection on their hands, a resolution was passed requesting them to discontinue the practice.

THE drainage of Maidstone, at a cost of £30,000, has been decided upon. The plans are those of Mr. Angell, C.E., who will lay down twenty-seven miles of pipes, and conduct the sewage out of the town to a point where it will be filtered and subjected to the clarification of lime process. The solid matter will be retained in tanks, and the effluent water, in its clarified state, discharged into the Medway.

UNIVERSITY OF CAMBRIDGE.—Professor Humphry has given notice that the course of lectures on Practical Anatomy will commence on Monday, Oct. 11th, at 9 A.M., and be continued daily till Oct. 19th, after which they will be continued on Mondays, Wednesdays, and Fridays. The course on Anatomy and Physiology will commence on Thursday, Oct. 21st, at 1 P.M., and be continued on Tuesdays, Thursdays, and Saturdays. This course is intended for students of Natural Science, as well as for medical students.

OVARIOTOMY IN ITALY.—The Italian journals are still reckoning the number of cases of ovariotomy performed in Italy. It has now reached sixty-three. The operation was performed by Paolo Rossi, head surgeon to the hospital of Vicenza, but, unfortunately, was unsuccessful, the patient dying twenty-six hours afterwards.

AT the Hull Police-court, William Shepherdson, late secretary of the Hull Infirmary, was charged on remand with embezzling several sums of money, the property of the institution. Mr. Hodgson, who appeared for the prosecution, stated that the accounts of the institution were still under examination, and he applied for a further adjournment. Dr. Rollit, who appeared for the defence, offered no objection, and the accused was further remanded, bail—two sureties in £200 each, and himself in £400—being again accepted.

DEATH FROM CHLOROFORM.—An inquest was held last week on the body of a man whose death was found by the jury to have resulted from the inhalation of chloroform. It appeared that the deceased was taken into St. Thomas's Hospital with a dislocated arm, which was put right under chloroform. By some means the bandage got disturbed, and the joint again displaced, and at the patient's request chloroform was again administered in order that the limb might be once more restored to its position. Whilst the operation was being performed, however, the patient died.

THE Native Guano Company are not to be allowed to carry out their sewage scheme at Kingston without encountering serious opposition. The proposal to erect two immense sewage tanks—with an open evaporating surface—on the banks of the Thames has alarmed the inhabitants of Hampton Wick, on the other side of the river, who believe that the works will not only be an annoyance but also detrimental to their health. The question was discussed at a meeting of the Hampton Wick Local Board on Monday, and after the proposal had been strongly condemned by the City Solicitor, the matter was referred to a committee.

LOUGHBOROUGH INFIRMARY AND DISPENSARY.—On Friday evening last a testimonial, consisting of a handsome timepiece and a valuable gold chain, was presented to Mr. Henry Bennett Bailey, on the occasion of his resigning the post of house-surgeon to this institution, which he has held for nearly five years. The presentation was made to Mr. Bailey at the house of Mr. Arthur Eddowes, one of the consulting surgeons to the institution, by Mr. E. W. C. Middleton, on behalf of the subscribers, who expressed the esteem in which Mr. Bailey was held by all classes in the town, and the regret felt at his departure.

SUSPECTED POISONING OF HORSES.—The "Melbourne Argus" of May 4th says that, several valuable horses having recently died from inflammation of the stomach and intestines, the owners requested Mr. Graham Mitchell, V.S., to investigate the matter. From the post-mortem appearances, he suspected that something injurious had been given to the animals in their food, which, on being examined, was found to contain a large proportion of *Lolium temulentum*. Samples having been submitted to Baron von Mueller and Mr. Cosmo Newbery, these gentlemen confirmed the opinion given. As this seed is frequently found mixed with wheat and barley, it would be of importance to have this matter thoroughly investigated.

DONATIONS &C. TO MEDICAL CHARITIES.—Mr. Thomas Jessop, Alderman and ex-Mayor of Sheffield, has undertaken to pay £22,000, the whole cost of erecting a new Hospital for Women in that town.—Mr. James Tyrer, of Bournemouth, bequeathed £10,000 to be divided between several charities, amongst which are—the Royal Hospital for Incurables; the Liverpool Infirmary; the Liverpool Dispensaries, the Liverpool Northern Hospital; the Liverpool Southern and Toxteth Hospital; the Liverpool Hospital for the reception of persons suffering from infectious and contagious diseases; the Stafford Infirmary; and the Bootle Infirmary. The Annual Report of the Newcastle Dispensary acknowledges the receipt of £10,000 (less duty) under the will of Mr. Wm. John Hutchinson, £1212 16s. 10*d.* under that of Mr. James Pigg, and £200 (less duty) under that of Mrs. A. G. Watson, and a donation of £1000 from Mrs. Mather. The Newcastle-upon-Tyne Infirmary has received £1000 under the will of Mr. Benjamin Tulloch.

Medical Appointments.

ALDERSEY, W. H., F.R.C.S.E., has been appointed Medical Officer for the Havant District of the London, Brighton, and South Coast Railway Provident Society, vice Stedman, resigned.

BOASE, F., M.R.C.S.E., has been reappointed Medical Officer of Health for the Penzance Urban Sanitary District.

BROWN, W., M.R.C.S.E., L.R.C.P.L., has been appointed House-Surgeon to the Royal United Hospital, Bath, vice Greensill, whose appointment has expired.

BURROUGHS, G. F., M.R.C.S.E., has been appointed Medical Officer for the Battersea District of the London, Brighton, and South Coast Railway Provident Society, vice Sutcliffe, whose appointment has expired.

CAREY, E. G., M.B., L.R.C.S.Ed., has been appointed Resident Medical Assistant at the Dundee Royal Infirmary, vice Brock, resigned.

CARMAN, T., L.R.C.P.Ed., M.R.C.S.E., has been appointed House-Surgeon to the Royal South Hants Infirmary, Southampton, vice Clark, resigned.

CHARLES, J. J., M.D., has been appointed Professor of Anatomy and Physiology at Queen's College, Cork, vice Corbett, resigned.

DENNISTON, Mr. J., has been appointed Resident Medical Officer to the Greenock Hospital and Infirmary, vice Carlyle, resigned.

EVANS, L. D., L.R.C.P.Ed., L.M., M.R.C.S.E., has been appointed joint Medical Officer to the Festiniog Slate Quarries, vice Thomas, deceased.

FENTEM, P. S., M.D., M.R.C.S.E., has been appointed Medical Officer of Health for the Northern Division of the Bakewell Rural Sanitary District, and the Bslow and Bubnell Urban Sanitary Districts.

FOSTER, Mr. W., of Sidney Coll., Camb., has been appointed Lecturer on Chemistry at the Middlesex Hospital Medical College, vice Heisch, resigned.

GRANT, J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Parishes of Birsay and Harry, Orkney, vice Garson, resigned; and for the Parishes of Guernsey and Hoy, vice M'Pherson, resigned.

HAMMOND, R. E., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer of Health for the Gorton Urban Sanitary District: £40 for one year.

HARRIS, J. A., M.D., M.R.C.S.E., has been appointed Medical Officer of Health for the Chorley Rural Sanitary District, vice Rigby, resigned: £150 per annum.

HARSANT, W. H., M.R.C.S.E., has been appointed House-Surgeon to the Bristol General Hospital, vice Elliott, resigned.

HAYES, P. J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Resident Medical Officer and Apothecary to the Cork Union Workhouse, vice O'Kelly, appointed to the Limerick Union Workhouse.

HEALE, A. L., M.R.C.S.E., has been appointed House-Surgeon and Secretary to the Royal Hants County Hospital, Winchester, vice Smith, resigned.

HEWGTON, A., M.R.C.S.E., has been reappointed Medical Officer of Health for the Liskeard Urban Sanitary District: £20 per annum.

JOSEPH, Dr. J. R., late Surgeon to the Belgian Royal Mail Company, has been appointed a Surgeon-Superintendent in the Queensland Government Service.

KNOX, J., M.D., L.R.C.S.Ed., has been appointed Medical Officer of Health for the Southern Division of the Bakewell Rural Sanitary District, and the Bakewell, Matlock, North Darley, and South Darley Urban Sanitary Districts.

MAYNARD, J. C. M., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer to the Black-boy Colliery, Bishop-Auckland, vice Canney, deceased.

NEWHAM, Dr., has been appointed Registrar of Births, Marriages, and Deaths for the Winslow District.

O'KEEFFE, M., M.D., has been appointed Professor of Materia Medica at Queen's College, Cork.

OSWALD, H. R., M.B., C.M., has been appointed House-Surgeon to the Scarborough Dispensary and Accident Hospital, vice Elliott, resigned.

PATERSON, W., M.D., has been appointed Certifying Factory Surgeon for Chorley, vice Rigby, resigned, and Medical Officer for the Chorley No. 1 District of the Chorley Union, vice Tobin, resigned.

PHILLIPS, J. D., L.F.P. & S.Glas., L.M., has been appointed second Assistant Medical Officer to the Fisherton House Lunatic Asylum, Salisbury, vice Andrews, resigned.

PINE, T., M.R.C.S.E., has been appointed Resident Surgeon to the Royal Sea-bathing Infirmary, Margate, vice Richmond, resigned.

PROCTER, T., M.R.C.S.E., has been appointed a Resident Medical Officer to the York Dispensary, vice Mawson, resigned.

RENNY, A. W., M.B., C.M., has been appointed Resident Medical Officer to the Royal Stirling Infirmary, vice Purves, resigned.

SARJANT, J., M.D., L.R.C.P.Ed., M.R.C.S.E., L.M., has been appointed Medical Officer to the No. 2, or Ashburnham District of the Battle Union, Sussex, vice Simons, resigned.

SCORELL, T. E., M.R.C.S.E., has been appointed Medical Officer of Health for the Ivybridge Urban Sanitary District.

SCOTLAND, Dr. T., has been appointed Medical Officer for the No. 1 District of the Newcastle-on-Tyne Union, vice Nesham, resigned.

THOMAS, W. H., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Llangonoyd District of the Neath Union, Glamorganshire, vice Davies, whose appointment has expired.

THOMSON, E. W., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer to the Medical Aid Society, Macclesfield, vice Macmillan, appointed House-Surgeon to the Macclesfield General Infirmary.

TOBIN, G., M.R.C.S.E., has been appointed Medical Officer for the Chorley No. 2 District of the Chorley Union, and Public Vaccinator for the Chorley and Coppull Districts, vice Rigby, resigned.

TREUTLER, W. J., M.B., C.M., has been appointed Medical Officer and Public Vaccinator for the Maresfield District of the Uckfield Union, Sussex, vice Cresswell, resigned.

WALSH, S., M.B., has been appointed Medical Officer and Public Vaccinator for the Brewood District of the Penkridge Union, Staffordshire, vice Crean, deceased.

WILSON, ADAM, L.R.C.P.Ed., L.F.P. & S.Glas., has been appointed Medical Officer to the Newcastle and Gateshead Provident Medical Society, vice Davidson, appointed Medical Officer to the Lead Company's Workmen's Medical Union, Alston.

WILSON, ALEX. C., M.D., C.M., L.R.C.S.Ed., has been appointed Public Vaccinator for the Doncaster District of the Doncaster Union, vice Rigby, resigned.

Births, Marriages, and Deaths.

BIRTHS.

BELLINGHAM.—On the 22nd ult., at Castle-street, Dudley, the wife of J. Bellingham, M.R.C.S.E., of a daughter.

HOOD.—On the 29th ult., at Bridge-street, Tow Law, the wife of Geo. Hood, M.D., F.F.P. & S. Glas., of a son.

PATERSON.—On the 29th ult., at Brigg, the wife of Walter H. Paterson, M.D., of a daughter.

SHELDON.—On the 3rd inst., at Cornwall-road, Notting-hill, the wife of T. Sheldon, M.D., of a son.

WILCOX.—On the 21st ult., at Holly House, North Walsham, the wife of Wm. Wilcox, L.R.C.P.Ed., of a son.

MARRIAGES.

GOULD—WILSON.—On the 21st ult., at St. Matthew's, Brixton, Henry Gould, M.R.C.S.E., of Northfleet, to Emily Florence, daughter of Charles Wilson, Esq.

MARTIN—WARD.—On the 4th inst., at Holy Trinity Church, Twickenham, the Rev. Septimus Martin, M.A., of Fairlawn, Twickenham (fourth son of H. Martin, Esq., of Southtown, Great Yarm outh), to Persis, youngest daughter of the late Dr. Martindale Ward, of Markham-square, Chelsea, sister of Dr. Martindale C. Ward, of Saltburn, Twickenham.—No Cards.

DEATHS.

ATKINS.—On the 22nd ult., at Ottery St. Mary, Devonshire, Wm. Atkins, L.R.C.P.Ed., aged 58.

BUNCE.—On the 20th ult., at Norwood, John S. Bunce, Ext. L.R.C.P.L., aged 59.

HARRIS.—On the 28th ult., at Manchester, Michael Harris, M.B., Assistant-Physician to the Children's Hospital, Pendlebury, near Manchester (younger son of Michael Harris, Esq., of Penbury-road, Lower Clapton), aged 36.

LARDNER.—On the 21st ult., at Gillingham, Kent, Jason Lardner, M.R.C.S.E., aged 70.

MURRAY.—On the 29th ult., at Waterloo-bank, Oldham, Chas. Murray, M.R.C.S.E., aged 40.

PART.—On the 1st inst., at Camden-road, James Part, M.D., aged 66.

ROSS.—On the 20th ult., at Hart-street, Bloomsbury, Geo. Ross, M.D., aged 58.

TAILER.—On the 7th ult., at Walton, Suffolk, Geo. W. Tailer, M.R.C.S.E., aged 59.

TUCKER.—On the 1st inst., at Sligo, James Tucker, M.D.

WALKER.—On the 28th ult., Joseph Walker, M.R.C.S.E., of Burnlem, aged 69.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

BOOKS ETC. RECEIVED.

Dr. FOX: Atlas of Skin Diseases.
Mr. Spencer Watson: Diseases of the Nose.
Drs. Beard and Rockwell: Medical and Surgical Uses of Electricity.
Dr. Gordon: Fractures of the Lower End of the Radius.
Mr. Smith: Lectures on Nursing.
Mr. Wagstaffe: Human Osteology.
Dr. Winn: Materialism.
Cassell's History of England.
Ganot's Physics. Seventh Edition.
Dr. Black: On the Functional Diseases of the Reproductive Organs.
Dr. Bennet: On Inflammation of the Uterus.
Dr. Greenhow: On Addison's Disease.
Dr. Travis: Effectual Reform.
The Public Health Act, 1875.

Notes, Short Comments, and Answers to Correspondents.

PROFESSOR BOUILLAUD.

THIS Nestor of the Faculty of Medicine of Paris has just resigned his Chair of Clinical Medicine. Dr. Bouilland is nearly eighty years old, and up to a late period went round the wards of the Charité Hospital with almost the energy of youth. The professor is highly esteemed in Paris, and is known abroad as well as in France for his labours respecting diseases of the heart. He still, however, remains a most active member of the Academy of Medicine and of the Academy of Sciences. Only a few days ago M. Bouilland was at the Medical Congress of Brussels, where he met with a most enthusiastic reception.

Mr. Broome Pinniger.—The case is a very sad one; but the patient seems to have been chiefly at fault in not sooner seeking relief.

INSURANCE AGAINST SICKNESS.

To the Editor of THE LANCET.

SIR,—I was rather surprised at not seeing any answer to "L.S.A.'s" letter on the above subject in your last week's issue. I should think there are a great many country medical practitioners who would gladly join such a Society. I, for one, would do so, and I should be glad to assist in establishing it; but I am afraid my duties would not permit me to take any active part. Still I should be happy to do anything that lay in my power.

I am, Sir, yours very truly,

Great Missenden, Oct. 7th, 1875. JAS. O. M'CREERY.

ZEAL AND KNOWLEDGE IN CHELSEA.

THE sanitary authorities of Chelsea are displaying unequivocal proofs of their zeal. They contemplate prosecuting the Imperial Gas Company, under the Public Health Act, for the "nuisance" arising from their works, although technically, we believe, the premises are in Fulham. We shall watch the result with much interest, because it is clearly of importance that sufferers from any nuisance should possess the power of enforcing its removal, although the location of the cause of offence may be outside the arbitrary boundaries of the district in which the sufferer resides. Meanwhile, how are we to account for the circumstance that the medical officer of health in Chelsea recommends that licences for twenty-nine slaughter-houses in the parish should not be opposed? Ought the fact that only twenty-nine instead of thirty-five applications have been made on this occasion to outweigh the consideration that every slaughter-house in an urban district is a source of peril to health and a public nuisance? The drainings of a slaughter-house cannot, under the most favourable circumstances, be safely allowed to pass into the common sewers of a densely populated district, and the effluvium arising from most of these places is in itself a serious cause of annoyance and injury. The knowledge that slaughter-houses ought always to be outside populous neighbourhoods should serve to direct the zeal of the officials of Chelsea into a useful channel. While they prosecute the Gas Company, they might with consistency and advantage oppose the licensing of twenty-nine local nuisances.

"CHEAP DOCTORS."

To the Editor of THE LANCET.

SIR,—The subject of private dispensaries being now an established fact beyond the criticism of journalism—as much so as special hospitals are,—a few words upon the relative benefits to patients and attendant may not be unacceptable at the present time from one who has devoted himself to that class of practice during the past seven years.

In the first place, ready money payment encourages independent feeling upon both sides, satisfying the attendant upon the immediate occasion, entirely disposing of the heartburnings upon the presentation of medical accounts; avoiding the dunning system of collection and the ungraceful contention at the County Court; diverting money from the prescribing druggist's counter to the more legitimate pocket of the legally and practically qualified medical man. Again, the fee being small, many of honest principles, who would otherwise add to the already overcrowded out-patient department of the hospital or parochial dispensary, are able to obtain relief within their means.

The physician or surgeon of a private dispensary obtains an aptitude of prescribing and rapidity of diagnosis only acquired by large and constant practice. If he is only devoted to his work, he is quickly appreciated, and readily acquires a large *clientèle*. My own dispensary has only been started since May, and I now prescribe for a thousand cases every week. My name is attached to my work, even as most men attach theirs to the book advertisements in THE LANCET or daily papers, for the information of those whom it may concern. I am at all times willing to defer to the opinion of THE LANCET as a guide in most professional matters; but at present neither THE LANCET, Medical Council, nor the Halls or Colleges protect the qualified practitioner from the invasions of the druggist or gratuitous prescriber. These will only disappear before the accumulation of private dispensaries, as will also the poverty of too many of our members.

Your obedient servant,

October, 1875. P. V. TIMOTHY, L.R.C.P. Lond., &c.

To the Editor of THE LANCET.

SIR,—As I live in a district where the majority of my patients are able to pay only the very lowest fees, I was highly interested by the very sensible and practical letter of your correspondent, "S.," in the last number of THE LANCET. I shall be very grateful if he will inform me as to the method of starting and conducting such a dispensary as his own, and specially as to the scale of charges, method of collecting the money, rules for attendance of patients, and any other information he may deem useful.

Yours obediently,

October 4th, 1875. M.D.

*** The letter of "S." was certainly not complete. The information asked for by "M.D." will, doubtless, be supplied by our correspondent.—ED. L.

B.—A. by no means resigned the management of the case or the duty of using the forceps by calling in B. It would be a very awkward thing if, whenever a medical man called in another in an obstetric difficulty, he gave up the chief conduct of the case. It would be quite another matter if A. had asked B. to apply the forceps.

Dr. Broadbent's second lecture "On the Pulse" will appear next week.

LOCKED HEADS IN LABOUR.

To the Editor of THE LANCET.

SIR,—The occurrence of locked heads is, I think, sufficiently rare in obstetric practice to call for a notice of the following case.

On June 5th, 1875, I was asked to attend MRS. A——, aged thirty-three years, pregnant for the fifth time. On arrival I found the body of a dead child outside the vulva, and the head of another tightly packed in the pelvis. I soon ascertained that I could only overcome the difficulty by decapitation of the first child, and delivery of the second, and the head of the first. Dr. Tyndale Watson, of Tottenham, gave me his assistance, who, upon examination, concurred in my opinion. We procured the bass wire of a pianoforte, which, being a wrapped wire, made a very good écraseur, and the head of the first child was quickly taken off, and pushed out of the way. The second head was seized with forceps by Dr. Watson, and the child was born barely living. We failed to resuscitate it after an hour's perseverance. I removed the remaining head with forceps, the placenta with two cords coming away soon afterwards. The mother made an excellent recovery.

Your obedient servant,

West-green, Tottenham, Oct. 5th, 1875. J. BUNTING, M.R.C.S.L.

THE SCIENTIFIC CONGRESS OF GRATZ.

THIS is the time of the year for meetings of this kind. Those of Nantes and Brussels have been very successful, the latter being exclusively medical; but the meeting in the Austrian city of Grätz was of greater magnitude, for it comprised science in general, brought together savants from the whole of Germany, to the number of nearly two thousand, and was divided into a great number of sections. The members, including the fair sex accompanying them, were enthusiastically welcomed by the highest authorities of the land and by the learned of Austria. Indeed among the ladies was a female professor, named Dodel, whose presence was highly valued by the whole assembly. At the first general meeting, Sept. 18th, eloquent discourses were delivered by the most prominent men, among whom should be mentioned the Arctic explorer Weyprecht. Medical science has, as usual, a large share in the labours of this, the forty-eighth, Congress. Another Congress took place on the 14th of September at Carlsbad, exclusively intended for the members of the profession practising in watering-places.

A. R. C. L.—It would be unwise to let the boys return to school at present. There would be great danger of the rest being attacked.

BAND SUBSCRIPTIONS.

To the Editor of THE LANCET.

SIR,—The question as to whether medical officers "employed temporarily" with a corps, and not shown in the official monthly Army List as "attached," are obliged to pay band subscriptions or not, has again cropped up in this country. I may say that in most regiments the question seems to have been settled very fairly, and in accordance with the Queen's Regulations—viz., that they are liable to a monthly subscription to the mess, but *not* to the band. However, a correspondent, signing himself "Case in Point," writes as follows in the *Pioneer* of the 8th inst.:—"With reference to 'Surgeon's' letter in your issue of the 4th inst., a surgeon in the Bengal Presidency has just paid band subscription to a regiment while temporarily attached to a detachment of that regiment over a hundred miles from the head-quarters and band of the regiment. This was done by order of the general, confirmed by H.E. the Commander-in-Chief, pending reference to the Horse Guards on the subject." The writer should have said "temporarily *employed*" instead of "*attached*." We must carefully distinguish between the two terms, as the Queen's Regulations define them very clearly. For example, in sec. 7, par. 39 *a*, we read: "If their names appear in the Army List as attached to regiments, they will pay," &c.; and 39 *b*: "If not so attached, but employed temporarily," &c. This paragraph refers to *mess* subscription, which comes to about 10*s.* a quarter, and which no one objects to pay. It is to sec. 7, par. 52, referring to the band, that I wish to draw attention. It says: "The following contributions and subscriptions to the band fund are to be paid by regimental officers," &c. Now, a "*temporarily employed*" surgeon can in no sense be called a *regimental* officer, and therefore cannot be called on to pay band subscriptions. The common sense view of the question ought to be sufficient to decide it. A temporarily employed surgeon uses the mess for his own convenience, and should pay something towards the expenses; but the band is kept up "for the good of the regiment," so to speak, in which he can have but a temporary interest.

Yours truly,

India, Sept. 9th, 1875. SURGEON.

A PREHISTORIC WOODEN LEG.

L'Union Médicale states that in an island in the Mississippi a human skeleton has been found supplied with a wooden leg. The latter was fixed to the trunk by leather straps and some bronze-looking metal, which had turned fossil. Thus it would appear that oak as well as metal were used in prehistoric times.

AN APPEAL.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me a corner in your journal to make an appeal to the charitable among your readers on behalf of the widow and family of a medical brother?

The gentleman referred to, after practising some time in South America, settled in the neighbourhood of Edinburgh, where he resided to the time of his death. This event took place somewhat suddenly several months ago, and he has left a widow and family of six children (the eldest but nine years of age) in very straitened circumstances. The widow is a native of Chili, and has no relatives of her own in this country. As there is no prospect of her being able to support herself and her family here, she is naturally very anxious to return to her own country and friends. It is with the object of assisting her to do this that the present appeal is made. It is not considered prudent to mention names; but reference is kindly permitted to Drs. Warburton Begbie and Joseph Bell, of this city; or to the Rev. J. Langwill, The Manse, Currie, near Edinburgh, the latter of whom, or the subscriber, will be most happy to receive contributions in aid of this charitable object.

I am &c.,

J. JAMIESON, L.R.C.S. Ed.

52, Rankeillor-street, Edinburgh, Oct. 4th, 1875.

Enquirer.—The procedure is very unsatisfactory; but it is within the bounds of law. There is no specification of the maximum time that must elapse between a practitioner seeing a patient and filling up a death certificate. Our correspondent should send us a short letter for publication, detailing the discreditable connexion.

Medicus in Rure.—It would be more magnanimous not to make such a claim.

GAS-STOVES.

To the Editor of THE LANCET.

SIR,—Will you or some correspondent inform me which is the best form of *gas*-stove for warming bedrooms—whether that in which the pipe passes through pumice-stone, or that in which a reflector is used? Which is the best mode of cleansing water-cisterns?

Yours truly,

London, Oct. 1st, 1875. M. B.

EXTREME ARCTIC COLD.

A FRENCH contemporary lately reproduced a paper read this year by Payer before the Geographical Society of Vienna "On the Influence of Arctic Cold." A few extracts from it may prove interesting. The author started on March 14th, 1874, on a sledge to make fresh observations on hitherto untrodden ice-fields. The cold on that day was 40° (Réaumur) below zero. After a time the spirit ration became as thick as oil, and had lost its stimulating properties. It was impossible to smoke. Cigars and tobacco were turned into ice. Pieces of metal which the travellers had with them had the same effect when touched as red-hot iron. Great cerebral disturbance took place, accompanied with extreme thirst, difficult to assuage. Every noise was transmitted a great distance. The senses of taste and smell were almost in abeyance. Mercury could be made into balls. The secretions were augmented, whilst perspiration entirely ceased. Some of the difficulties to be encountered by the members of our Arctic expedition may be imagined from this brief notice of the recital of Payer's experience. It may perhaps be necessary to state that Lieutenant Payer is an explorer of the highest veracity and honour.

Mr. G. Brenan is thanked for his offer, which, however, we are compelled to decline.

CASE OF TRIPLETS.

To the Editor of THE LANCET.

SIR,—I send you the following account of a case of labour that I attended, thinking it might possibly interest some of your readers.

At about half-past nine on Sunday morning I was called to attend a woman in labour. It was her second confinement, her eldest child being fifteen months old. On making an examination I found the breech presenting, and in a few minutes she was delivered of a living female child. On now tightening the umbilical bandage I found that there was more to come. When the uterus had recovered its repulsive power, and when the membranes were sufficiently low, I ruptured; the right hand and arm then came down, and I turned and delivered my patient of a second female child. On readjusting the bandage I found there was yet another; but I had to wait an hour and a half before the uterus recovered its contractile power. After a few sharp pains, the membranes being then sufficiently low, I again ruptured, and, as in the first case, found the breech presenting. By passing my index-finger round the upper part of the thigh, I delivered the woman of her third living daughter. The average weight of each child is 4 lb., and mother and children are doing well.

The case presented the following peculiarities:—In neither case did the head present. All were females. There was very little liquor amnii on rupturing the membranes of the first two; but with the last perhaps a gallon or more. The mother is light-complexioned and very delicate. I was with her about three hours, and after the labour was over I had the greatest difficulty in keeping her from sinking from the shock and exhaustion.

I am, Sir, yours sincerely,

Great Smith-street, S.W., September, 1875. G. F.

NOCTURNAL MEDICAL ASSISTANCE.

THIS question has been mooted at Paris, and it has been stated that at St. Petersburg each district is divided into subdivisions, which latter are supplied with a nocturnal medical watch, where patients are treated gratuitously. The papers publish every morning the names of the doctors and pharmaceutists on duty. In Chili not only the doctors are mentioned, but likewise midwives. Every medical man is bound to take up the watch in his turn. Matters are carried so far in Valparaiso that an eminent physician who had refused to take his turn was expelled from the place.

MAUNSELL MEMORIAL FUND.

THE following additional subscriptions have been received on behalf of the above:—

Already acknowledged in THE LANCET, Oct. 2nd ... £167 13 0

Professor Apjohn	£2	2	0	Michael Kernan, Esq., T.C.	£1	0	0
Dr. Andrews, Palmerstown	1	1	0	Dr. P. C. Little	1	1	0
Thos. H. Atkinson, Esq. ...	1	0	0	Dr. Henry, Pomeroy, Tyrone	1	1	0
Anonymous	1	0	0	Dr. S. Maunsell, 75th Regt.	10	0	0
Dr. Barbor, Carlingford ...	1	1	0	Professor William Moore...	1	1	0
Rev. James Baxter, C.C. ...	1	0	0	Dr. Mollan	2	0	0
Sir M. Hicks Beach	5	0	0	Dr. M'Swiney	1	1	0
Dr. James Brady	1	1	0	Dr. Peebles	1	1	0
Dr. J. W. Brady, Clare ...	1	1	0	Dr. Robinson, Fintona ...	2	2	0
Dr. Berry, Mallow	1	1	0	Dr. Scully, jun., Hon. Sec., Co. Tipperary Med. Assoc.	1	1	0
B. Banks, Esq., Sec. Loc. Gov. Board, Ireland ...	2	0	0	Dr. W. T. Stoker	1	1	0
Dr. Cranny	1	1	0	Dr. Robert Swan	1	0	0
Dr. Darby, Bray	2	0	0	Robert Swan, F.R.C.S.I. ...	1	0	0
Dr. Evans, Dawson-street .	0	10	0	Dr. Toler	1	1	0
Fannin and Co.	1	0	0	Henry Wilson, F.R.C.S.I...	1	1	0
Dr. Forrest	1	1	0	Michael Webb, Esq.	0	10	0
Edward Fox, Esq., J.P. ...	1	0	0	Dr. Welsh, Ballyshannon...	1	0	0
Thomas Fry, Esq., T.C. ...	1	1	0	E. Perse White, F.R.C.S.I.	1	1	0
Dr. Hudson	2	2	0	Dr. Stewart Woodhouse ...	1	1	0
Dr. Jennings	2	2	0				

Subscriptions will be received by Dr. Joseph Rogers, 33, Dean-street, Soho, London.

RATEPAYERS AND PAUPERS.

To the Editor of THE LANCET.

SIR,—Allow me to ask your readers for an explanation on the following subject. How is it that the ratepayers are burdened with burying the bodies of unclaimed paupers, when the medical schools throughout the kingdom are anxiously willing to buy them? On this point I can testify as to the accuracy of my statement, having been a surgeon to a workhouse and to an asylum. I am, Sir, yours faithfully,

HAMMER DICKSON,

September, 1875. Late Resident Surgeon, Asylum, Bristol.

ISOLATION INDISPENSABLE.

IT is satisfactory to learn that the recent outbreak of fever at Islington is now under control, and that the malady has assumed a mild form. But it is the reverse of reassuring to find that, notwithstanding all that has been proved and admitted with regard to the necessity of isolating cases of infectious or contagious disease, the parochial school buildings did not allow the authorities of Islington to take this obvious precaution. Nothing can excuse the neglect to provide adequate means of perfect isolation in all districts. It is a mere question of money, and the parsimony which refuses to discharge a public duty is deservedly punished by ultimate loss. The Local Government Board should do more than "inquire" into these cases. Unfortunately the Board is not armed with full powers of coercion. The national dread of "centralisation" produces grotesque consequences, and the feebleness of the Local Government Board is most conspicuous. Local authorities are meanwhile not one whit the less responsible to public opinion because they cannot be compelled to do their duty.

An Eleven Years' Subscriber.—A foreign degree cannot now be registered. We are not in a position to advise our correspondent on the subject.

THE INFLUENCE OF THE USE OF WIND INSTRUMENTS ON CHEST AFFECTIONS.

To the Editor of THE LANCET.

SIR,—Being myself a cornet player, I read in your issue of Aug. 14th the remarks of Dr. Burq on the above subject with very great interest.

During the past five years I have taken charge of the bands of three regiments I have served with, and have, of course, had the sole treatment of the men when they have fallen sick. I cannot remember a single severe case of chest affection in a musician (in the cold season the sepoys are often attacked with pneumonia, which disease is more fatal to natives than it is to Europeans). The musicians in native bands are frequently undersized, both as regards height and chest capacity. It is a common thing for men who have been rejected for the ranks to learn some instrument, which they do very quickly, and then get enlisted for the band. There is one point I have noticed with both Europeans and natives, and that is, men who play wind instruments are generally to the front in athletic sports, particularly in running.

I began blowing with strong lungs, and feel they are now stronger; but do not consider myself able even to offer an opinion as to the effect likely to be produced on unhealthy lungs. If, as Dr. Burq contends, the blowing of wind instruments produces a healthy state of lung, then we have a mode of treatment which must prove very agreeable to most patients. I think there can be no doubt that heart disease is far from uncommon amongst those who play on wind instruments, and the most trying of all is the oboe.

I remain, Sir, your obedient servant,

India, September, 1875. MUSICIAN.

Dr. Bacon.—It is the same individual. It would be difficult to find two persons capable of such irrational nonsense.

M.D., L.R.C.P.—The practitioner is the best judge of such a question, especially in the case of old patients.

TREATMENT OF LYMPHATIC TUMOURS.

To the Editor of THE LANCET.

SIR,—I have just read with great interest in your journal of Sept. 4th Mr. Bradley's paper "On a New Mode of Treating certain Tumours of the Lymphatic Glands," and if the method will do what he promises, and is not attended by risks which can only be ascertained by enlarged experience, it will be a very valuable addition to our means of treating these obstinate affections. I am not quite sure, though, whether he is correct in calling it a new method, unless the using a new substance by an old way be a new method, in which case there might *possibly* be as many new methods as substances capable of being injected; or unless his experiments were made and conclusions arrived at before 1873; for if anyone will turn to page 467, vol. ii., of THE LANCET for 1873, he will find an abstract of a paper by Dr. Luton, in which the same treatment of lymphatic tumours by injection is advocated, substituting iodic acid for iodine. Since reading this article on Luton's method, I have practised it in three cases, and with perfectly satisfactory results, my only doubt being as to whether the tumours might not have subsided spontaneously, though more slowly, if they had been left alone.

Mr. Bradley's paper, though, is a great deal more than merely the introduction of a new method; it is an epitome of the surgical treatment of almost all glandular enlargements of the neck connected with the lymphatic system, and, as regards private practice any way, some will doubt the propriety of the third rule. Yours obediently,

Blackpool, Sept. 28th, 1875. WM. HARDMAN.

Mr. Led.—We must be excused from giving our correspondent any advice about cheap hair-dyes.

Mr. Bryant's address has been received, and will be published at an early date.

MR. JEREMY BENTHAM'S REMAINS.

To the Editor of THE LANCET.

SIR,—Allow me to inform "A Correspondent" that the skeleton of Mr. Jeremy Bentham, dressed in a suit of his clothes, may be seen sitting in a glass-case in the anatomical museum of University College, London. Although the case is in a retired place away from public gaze, I believe there is no difficulty in obtaining permission to view the remains of the great jurist. It will be remembered that Mr. Bentham, who died in June, 1832, bequeathed his body to his physician and friend, Dr. Southwood Smith, for the purpose of dissection. Shortly after death Dr. Smith gave a lecture on the body in the School of Anatomy, Webb-street, Maze-pond. After this the skeleton was preserved, and eventually came into the possession of Sir John Bowring, who presented it to University College.

Your obedient servant,

October 4th, 1875. J. T.

THE GRAPE CURE.

WIESBADEN, the well-known and lovely watering-place, has of late been, according to the views of gamblers, shorn of its greatest attractions. The roulette is gone; but some people have thought that a good opportunity had offered to organise in the autumn along the handsome colonnade every desirable comfort for the grape cure. When it is recollected that this mode of treatment has mostly to be carried out in dull and outlying villages, at a time of the year when fogs and damp are very common, it will be conceded that a gay city is far preferable. It is confidently stated that this novelty will be a great success in Wiesbaden.

J. W. B.—The powerful remedies mentioned should be taken only on the advice of a medical man.

Mr. Alfred T. Wilson.—An excellent work.

A SERIOUS MATTER.

To the Editor of THE LANCET.

SIR,—In my letter published in THE LANCET of July 24th, I offered to give the name of the gentleman who was attempting to pass the L.R.C.P. examination at Edinburgh by proxy to any of the examining boards of the United Kingdom who applied to me for it. I considered that some, at least, of the boards would have taken this precaution against being deceived by this man; but not so, for I have not been asked for his name by any one of them. I think this fact is worthy of note, but requires no comment to point out its significance. Your obedient servant,

A. PEARCE GOULD, B.S.

Gower-street, Bedford-square, October, 1875.

*** It seems the clear duty of the examining bodies to take up this matter. We are surprised that no attention has been paid to Mr. Gould's letter.—ED. L.

M.D., (Manchester.)—MM. Deneffe and Van Wetter, of Belgium, have, we believe, testified to the harmlessness and efficacy of the intra-venous injection of chloral hydrate.

COMMUNICATIONS not noticed in the current number will receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from — Prof. Corfield, London; Prof. Humphry; Mr. Erichsen, London; Mr. Gordon Brown, London; Dr. Broadbent, London; Mr. Harrison, Liverpool; Dr White; Mr. Pigon, London; Mr. Timothy, Barrow-in-Furness; Dr. Gill, London; Miss Solomon, London; Mr. Casson, Hull; Mr. English, Port Elizabeth; Dr. Speedy, Dublin; Mr. Budham; Mr. F. Smith, Weston-super-Mare; Mr. Brenan, Hastings; Mr. Robertson, London; Mr. Watson Dove, Wells; Mr. Miller, Launceston, Tasmania; Mr. Beck, Cambridge; Mr. Hermon, Leek; Dr. Renny, Stirling; Dr. Haviland, Northampton; Mr. King, Ware; Mr. Beatie, London; Dr. Rogers, London; Mr. O'Shaughnessy, Kilmalock; Mr. M'Creery, Great Missenden; Dr. Crowe, Leamington; Dr. Grindles, Normanton; Mr. Payne, London; Dr. Hulme, Wigston; Mr. Hatton, London; Dr. Broom, Sheffield; Mr. Gibson, Loughborough; Dr. Redwood, Rhymney; Mr. Harris, Hackney; Dr. Dickinson, Liverpool; Dr. J. Jamieson, Edinburgh; Mr. Satchell, Tunbridge Wells; Mr. Bellenden, Sedgley; Mr. Dickson, London; Dr. J. R. Joseph, London; Mr. Armstrong, Newcastle; Mr. Fairlie Clarke, London; Mr. Gould, London; Mr. Bramwell, Newcastle; Mr. Grant, Maidstone; Mr. Jessop, Leeds; Dr. Pothergill, London; Dr. F. Robertson, London; Dr. Munroe, Hull; Mr. Oliver, Manchester; Dr. Winslow, London; Mr. O. Coleman, London; Mr. S. Jones, London; Mr. Percival, London; Mr. Tucker, Hitchin; Messrs. Oliver and Boyd, Edinburgh; Mr. Chippingdale, London; Dr. Lister, Newton-le-Willows; Dr. Bacon, Fulbourn; Mr. Roper, London; Mr. Fraser, London; Mr. Hawksley, London; M.D.; Landport; The Secretary of State for the Colonies; Medicus, Wolverhampton; Medicus in Rure; B. P.; A. K. C. L.; B.; Not a Yankee M.D.; J. W. B.; Musician; M. B.; P. V. L.; X. Y. Z.; P. M., Huddersfield; M.R.C.P.; Anti-Humbug; G. F.; Surgeon, India; A Country Practitioner; R. D.; Enquirer; An Eleven Years' Subscriber; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from — Mr. Cramer, London; Mr. Goncay, Watton; Mr. Bedford, Amersham; Mr. Barlow, Tow Law; Mr. Bennett, Birmingham; Mr. Hall, Lockwood; Dr. Barton, Aldborough; Mr. Richardson, Lytham; Mr. Harris, Hackney; Mr. Lilley, Glasgow; Mr. Cornish, Bridport; Dr. Williamson, Ventnor; Mr. Coker, Chale; Mr. Williams, Dowlais; Mr. Macauley, Kibworth; Dr. Bastian, London; Mr. Billingham, Dudley; Dr. Hardwicke, Highfield; Mr. Hay, Wolverhampton; Mr. Evans, Seaford; Dr. March, Rochdale; Dr. Morley, Sierra Leone; Mr. Nicholls, Hingham; Mr. Wainwright, Barnsley; Mr. Callant, Bridgnorth; Dr. Schmidt, St. Petersburg; Mr. Tomlinson, Maldon; Mr. Heginbotham, Burton; Dr. Newham, Winslow; Mr. Bunting, Tottenham; Zeta; Rho, London; M. F., Mile-end; M.D., Stanford; L.R.C.S.E.; A. J. B., Wigan; Medicus, Edinburgh; J. S., Manchester; Medicus, Manchester; Bulbus, Sheffield; Medicus, Halifax; Omega, East Harling; A. B., Margate; J., Oswestry; M.D., Leeds; Physician, Barrow; L. M., Derby; A. A., London; A., Huntingdon; H. R., Brandon; Alpha, Hackney.

Newcastle Chronicle, Western Morning News, Manchester Guardian, Local Government Chronicle, Welshman, Huddersfield Chronicle, Birmingham Morning News, Berrow's Worcester Journal, Cork Constitution, Record, Surrey Advertiser, East London Observer, Oxford Times, Metropolitan, Liverpool Daily Post, Weekly Rocky Mountain News, Tavistock Gazette, and *Oxfordshire Telegraph* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, OCT. 7TH, 1875.

Date		Barometer reduced to Sea Level, and 32° F.	Direction of Wind	Wet Bulb	Dry Bulb	Solar Radia in Vacuo	Max. Temp. Shade	Min Temp	Rainfall	Remarks at 9 A.M.
Oct.	1	30·02	W.	54	55	76	63	52	0·04	Overcast
"	2	29·71	W.	55	56	89	62	54	0·17	Overcast
"	3	29·93	W.	50	53	62	58	46	0·29	Raining
"	4	29·71	W.	53	58	77	67	52	0·25	Raining
"	5	29·96	W.	60	61	81	70	57	....	Cloudy
"	6	30·41	W.	46	49	94	64	47	0·09	Overcast
"	7	30·38	W.	49	51	...	...	47	...	Overcast

Medical Diary for the ensuing Week.

Monday, Oct. 11.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Oct. 12.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Dickinson, "On the Pathology of Chorea." — Dr. Greenhalgh, "On the Use of the Actual Cautery in the Enucleation of Fibroid Tumours of the Uterus."

Wednesday, Oct. 13.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
HUNTERIAN SOCIETY.—7½ P.M. Council Meeting.—8 P.M. General Meeting, when Mr. Jonathan Hutchinson will read a paper "On Varicella Prurigo."

Thursday, Oct. 14.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, Oct. 15.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M. Mr. Brudenell Carter, "On the

Saturday, Oct. 16.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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